

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. —Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5547

637

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Katherine Bowman

(a) Residence. No. 3627 Highland St. 13 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John P Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

James Barker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT John P Bowman
(Address) 3627 Highland

15.

FILED 7/10 19 31

M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1931 19

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1930 to Feb. 9 1931, and that I last saw her alive on Feb. 9 1931, and that death occurred, on the date stated above, at 12.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis (hypertension)
+ heavy albuminuria about 6 years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Broncho pneumonia

(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Herbert T. Tuttle M. D.

Feb 9, 1931 (Address) 1125 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Marys' Cemetery

2/11/31 19

20. UNDERTAKER

ADDRESS

Quirk & Tobin--20 W Linwood

