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

Do not use this space.

(13103-B)

File No.

Registered No. 20

5 1 6

1. PLACE OF DEATH

County: Barry

Township: Great Creek

City: Cassville (No. ..., ... St. ... Ward)

Registration District No. 29

Primary Registration District No. 5038

2. FULL NAME Lidia Mallock Bowman

(a) Residence. No. ... St., ... 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.

JUL 22 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home wife
(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) Tennessee

PARENTS

10. NAME OF FATHER Josiah Baird

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. Alfred Engelhart
(Address) Verona, Mo. R#1

15. FILED July 1, 1931 Mrs. H. R. Williams, Dp'ty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27, 1931

17. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19..., that I last saw h. alive on April 27, 1931, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis, cancer of kidneys, nephritis, and angina pectoris

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Old age

(duration) ... yrs. ... mos. ... ds.

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? None

(Signed) S. W. Chandler, M. D.
, 19 (Address) Exeter, Mo.

*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
Homer Cemetery	4-29, 1931
20. UNDERTAKER	**ADDRESS**
W. A. Koon	Cassville, Mo