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

Do not use this space.

14206

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson
Township Rural
City Kansas City, Mo. (No. U.S. Veterans Hosp St. Ward)
Registration District No. 3 9 9
Primary Registration District No. 1 0 0 2
File No. 1818
Registered No.

2. FULL NAME BOWMAN, William B.T. C-None (SpAW)
(a) Residence. No. 1322 Locust St., 2 Cpl. Co C Inf.
(Usual place of abode) Kansas City, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Owner of a Hotel
(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.

PARENTS

10. NAME OF FATHER Unknown
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 Hospital Records.
(Address) U.S. Veterans Hosp. K.C. Mo

15. FILED 4/13, 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1931

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1931 to April 12, 1931 that I last saw him alive on April 12, 1931, and that death occurred, on the date stated above, at 9:27 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar lower left

108 108

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City, Missouri.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Physical Exam.

(Signed) W.E. Chambers, M. D.
W.E. CHAMBERS, Med. Officer in Charge
U.S.V. Hospital, Kansas City, 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
Elmwood Cemetery	4/14/31 19
20. UNDERTAKER Freeman Mortuary, K.C. Mo	ADDRESS

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD