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

Do not use this space.

14628

1. PLACE OF DEATH
County: Jasper
Township:
City: Webb City (No. ... St. ... Ward)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 36

2. FULL NAME: Mrs. Lydia Bowles

(a) Residence, No. 416 N. Madison 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.

MAY 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1896

7. AGE: Years 34 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Albany, Missouri

FATHER
13. NAME: Wm. Stevenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Missouri

MOTHER
15. MAIDEN NAME: Vina Kelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Missouri

17. INFORMANT (ADDRESS): Mrs. Jessie Bowles, Webb City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount Hope DATE: 4/30, 1931

19. UNDERTAKER (ADDRESS): Webb City Funeral Home, Webb City, Mo.

20. FILED 4/29, 1931 J. M. Bonnoud Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1930, to April 28, 1931
I last saw h. alive on April 28, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and adnexa	?
48	
126 C	

Other contributory causes of importance:

Name of operation: Hysterectomy Date of: 12-22-31
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. H. Slaughter M. D., M. D.
(Address) Webb City, Mo.