

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.

23546

1. PLACE OF DEATH

County.....

Registration District No. 781
1003

Township.....

Primary Registration District No. Thomas St

City St Louis Mo

(No. 2922a)

File No.....

Registered No. 7062

St..... Ward.....

2. FULL NAME

Ora Bowman

(a) Residence. No. 2922a Home St. 21 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

Colo

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Willie Bowman

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

1888-5-17

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

43

1

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Domestic 199

(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)

Unknown Ark.

10. NAME OF FATHER

John B. Morris

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

Unknown Georgia

12. MAIDEN NAME OF MOTHER

Mary Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Sevier Tenn

14.

INFORMANT

(Address)

Willie Bowman 2922a Thomas St

15.

FILED

27 1931

May C Harker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1931 to June 10 1931

that I last saw him alive on June 10 1931, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis

93A

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William A. Merman, M. D.

1931 (Address) 3225 E Franklin Ave

*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

Father Dickson June 29 1931

20. UNDERTAKER

ADDRESS

A. L. Beal 2726 Lucas Ave

