

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

Do not use this space.

30294

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Bessemer

Registration District No. 836
Primary Registration District No. 6095a

File No. 30
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Jackie D 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

✓

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

✓

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

7-12-31

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1

14

8. OCCUPATION OF DECEASED

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

✓

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Stoddard Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Orel Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Stoddard Co Mo

12. MAIDEN NAME OF MOTHER

Myrtle Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Winklin Co Mo

14.

INFORMANT
(Address)

Albert Foster

15.

FILED

9/1, 1931 Florence Allen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

8-31-31

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

8/31 1931

17.

I HEREBY CERTIFY That I attended deceased from 8/29 to 8/31

that I last saw him alive on 8/29, 1931, and that death occurred, on the date stated above, at 8/31, 1931.

THE CAUSE OF DEATH WAS AS FOLLOWS

Cholera Infusum

119A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF _____

20. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19 (Address)

Chumley

W. H. H. H.

Burns 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

Stephens Cam

9-1 1931

20. UNDERTAKER

ADDRESS

B. M. Hopkins

Burns MO

SEP 28 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

