

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

Do not use this space.

Keiser
30352

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Center Primary Registration District No. 3039
City Nevada (No. _____) St. _____ Ward _____

File No. _____
Registered No. 214

2. FULL NAME

Jester Briston Bowman
(a) Residence, No. 422 North Cedar St., 2nd 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Bowman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1862</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____hrs. or _____min.
<u>68</u>	<u>10</u>	<u>10</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Store</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 15, 1931</u>			
11. Total time (years) spent in this occupation. <u>48 yrs</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sprague's Corner, New York</u>				
MOTHER	13. NAME <u>Hiram N. Bowman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Lawrence Co., New York</u>			
	15. MAIDEN NAME <u>Julia Ann Graves</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Lawrence Co., New York</u>				
17. INFORMANT <u>Frances Louise Bowman</u> (ADDRESS) <u>422 N. Cedar Nevada Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deepwood cemet</u> DATE <u>Aug 22</u> 19 <u>31</u>				
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada Mo</u>				
20. FILED <u>9-18-31</u> 19 <u>31</u> <u>E. R. Ring</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1929, to Aug 21 1931

I last saw him alive on Aug 20 1931. Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:
Pyelonephritis Date of onset 1929

1931

Other contributory causes of importance:
Prostatectomy Date of Sept 1929

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) E. R. Ring, M. D.
(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 28 1931

