

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.

Oct 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Quinn
Township Union Free
City New Malden Mo (No. _____)

Registration District No. 289
Primary Registration District No. 5407

File No. 30946
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Chronogen Lee Bowman
(a) Residence, No. Jomalden Mo. St. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF. <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1926</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Present</u>	
	11. Total time (years) spent in this occupation <u>Child</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo</u>		
FATHER	13. NAME <u>Clutch Bowman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden</u>	
MOTHER	15. MAIDEN NAME <u>Beatrice Sneed</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bernie Mo.</u>	
17. INFORMANT (ADDRESS) <u>Lottie Bowman</u> <u>Malden Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stephens Chapel</u> DATE <u>9-18-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Dees Undertaking Co</u> <u>Bernie Mo.</u>		
20. FILED <u>9-18-1931</u> <u>SE Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1931 to Sept 17, 1931
I last saw her alive on Sept 17, 1931. Death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:
Diphtheria
Other contributory causes of importance:
X

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

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

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. Graydon Cartwright M. D.
(Address) Malden Mo

