

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.

667 24 1931

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

Do not use this space.

31694

1. PLACE OF DEATH

County Laclede

Registration District No. 444

Township Lebanon Mo.

Primary Registration District No. 4267

City Lebanon Mo.

File No. 167A

Registered No. 167A

St. Mo. Ward 1

2. FULL NAME Jean Bowman

(a) Residence No. 1

St. Mo.

Ward 1

(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 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) May 7-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Lebanon (STATE OR COUNTRY) Laclede Co Mo

13. NAME Harvey W Bowman

14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

15. MAIDEN NAME Adie Heath

16. BIRTHPLACE (CITY OR TOWN) Laclede Co Mo (STATE OR COUNTRY)

17. INFORMANT H. W. Bowman (ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL Through Chapel Com PLACE DATE Sept 9 1931

19. UNDERTAKER Hobart Stewart (ADDRESS) Lebanon Mo

20. FILED 9/9 1931 J. M. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1931 to Sept 8 1931

I last saw him alive on Sept 8 1931 Death is said

to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset

119A 119

Other contributor causes of importance:

Infants not strong

Name of operation Date of

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) H. O. Davis M. D.

(Address) Lebanon Mo

