

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

Do not use this space.

34556

4275

1. PLACE OF DEATH

County Jackson Registration District No. 302
Township Rainey Primary Registration District No. 160
City Kansas City (No. 1418 Campbell)

File No. 4275
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1418 Campbell 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE Leol 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 30 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pullman Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ark

13. NAME Dennis Bowman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn Ark

15. MAIDEN NAME Mollie Gleason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Celia Robinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Oct 24, 1931

19. UNDERTAKER Adkins Bros (ADDRESS) 2550 E. 12th St.

20. FILED 10-27-31 M. D. Corneil Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 16, 1931.
I last saw him alive on Oct 16, 1931. Death is said to have occurred on the date stated above, at 6-7 p. m.

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

Corruption
Gastritis
Plumery
Date of onset 10/7/31

Other contributory causes of importance: Gastritis & Plumery

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) J. A. Lewis, M. D.
(Address) 1612 E 12th St

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.

Dr. [unclear]