

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Keokuk
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
K.C. General Hosp

File No. 37770
 Registered No. 4637
 St. _____ Ward _____

2. FULL NAME

Benny Bowling
 (a) Residence No. 562 + Elmwood St. 16 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Bowling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Wepende

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Reverend Clerk
 (Address) K.C. Gen. Hosp. K.C. Mo

15. FILED 11/19/31 M.M. Crowe REGISTRAR
assh

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1931, to 11-15, 1931
 that I last saw him alive on 11-15, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of Thyroid - Patent Foramen Ovale
1570 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1570 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Cen. find + Autopsy

(Signed) P. Williams, M. D.
11-16, 1931 (Address) Subt K.C. Gen. Hosp. K.C. 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 Leeds DATE OF BURIAL Nov 19 1931

20. UNDERTAKER P.B. Lapetina ADDRESS City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. HOW should be stated EXACTLY. PHYSICIANS should state

