

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

Do not use this space.

39881

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Bernie Mo (No.)

Registration District No. 836
Primary Registration District No. 6098a

File No. 41
Registered No. 41
St. Ward)

2. FULL NAME Tony J Bowman

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>10</u>	

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

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

10. Date deceased last worked at this occupation (month and year) L

11. Total time (years) spent in this occupation. L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie MO

FATHER 13. NAME Gleese Bowman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parson Tenn

MOTHER 15. MAIDEN NAME Gladis Brock

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie mo

17. INFORMANT (ADDRESS) Gleese Bowman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie Mo DATE 11/15/31

19. UNDERTAKER (ADDRESS) B. M. Stephens

20. FILED Dec 9 1931 Pl. Bruce L. Heller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1931

22. I HEREBY CERTIFY That I attended deceased from 11-14, 1931, to 11-14, 1931.
I last saw h. alive on 11-14, 1931. Death is said to have occurred on the date stated above, at 6 a.m.

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

Lobar Pneumonia Date of onset 11-10-31

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Other contributory causes of importance:

Name of operation None 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

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

(Signed) J. F. Hinkle M. D.
(Address) Bernie Mo.

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.

DEC 26 1931

STATE PRINTING, WITH UNWADING INK—THIS IS A PERMANENT RECORD

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