

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41106
5095

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JeanPrimary Registration District No. 1003City Kansas City(No. K.C. General Hosp)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 5914 Quincy St., 16 Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Joseph M. Bowman

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

Feb 25 - 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

2592629

OCCUPATION

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

At Home

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

none

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

11. Total time (years) spent in this occupation

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

Bellevue Mo.

FATHER

13. NAME

Albert Pugh

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

Mo.

MOTHER

15. MAIDEN NAME

Minnie Simmons

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

Mo.

17. INFORMANT (ADDRESS)

Reverend Clerk K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

Dec - 26 1931

19. UNDERTAKER (ADDRESS)

Mrs. C. E. Foster K.C. Mo.

20. FILED

12/26 1931M. M. Ensign

Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 . 1931

22. I HEREBY CERTIFY, That I attended deceased from

11-121931

to

12-241931I last saw her alive on 12-24 1931 Death is saidto have occurred on the date stated above, at 4:35 P.

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

Date of onset

uterine hemorrhage following childbirth

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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?

If so, specify

(Signed)

P. E. Williams

M. D.

(Address) Sup't K.C. Gen. Hosp. K.C. Mo.12-26-31

