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.

DEC 26 1931

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

Do not use this space.

1. PLACE OF DEATH
County St Charles
Township Dardenne
City Fallon (No. , St. Ward)

Registration District No.
Primary Registration District No.

File No. 41958
Registered No.

2. FULL NAME John A. Bowman

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

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Mrs. John Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22, 1855

7. AGE: YEARS 76, MONTHS 3, DAYS 10. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
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) (STATE OR COUNTRY): Hamburg Mo

FATHER
13. NAME: Robert Bowman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Gaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT: E A Keithly
(ADDRESS): Fallon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fallon Mo DATE: Dec 5 193

19. UNDERTAKER: E A Keithly
(ADDRESS): Fallon Mo.

20. FILED ..., 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to 12-2, 1931

I last saw him alive on 12-1, 1931. Death is said to have occurred on the date stated above, at 1 P m.

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

Heart Disease / valvular

92A

97 92B

Other contributory causes of importance: Arterial Sclerosis

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?
If so, specify

(Signed) H. Neunert, M. D.

(Address) Old Monroe Mo