

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

Do not use this space.

754

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001
 5 City 1905 Willow St. _____ Ward _____

2. FULL NAME Ida Bowman
 (a) Residence, No. 1905 W. Olive St. _____ 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.

File No. _____
 Registered No. 37
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 0 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2351 1830/30
 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) mo

FATHER
 13. NAME Boiley Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
 15. MAIDEN NAME Estelita Cordis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Charles Bowman
 (ADDRESS) Springfield

18. BURIAL, CREMATION OR REMOVAL
 PLACE Springfield DATE Jan - 13 - 1932

19. UNDERTAKER W. J. Starnes
 (ADDRESS) Springfield, Mo.

20. FILED 1-13-32 John Sharp
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 12 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/22 1931 to 1 - 12 - 1932
 I last saw him alive on Jan 11, 1932. Death is said to have occurred on the date stated above, at 6 am.
 The principal cause of death and related causes of importance were as follows:
Acute nephritis Date of onset 2-20-31

Other contributory causes of importance:
Chronic Eczema 3mo

Name of operation none Date of _____
 What test confirmed diagnosis? renal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 1932
 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. J. Freeman, M. D.
 (Address) Springfield, Mo.

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.

FEB 24 1932

12/31/13