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.

MAR 21 1932

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

Do not use this space.

File No. 3704

Registered No.

1. PLACE OF DEATH

County Bates — Registration District No. 54

Township Rockville — Primary Registration District No. 4032

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John William Bowen

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

Length of residence in city or town where death occurred many yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. I, 1852.

7. AGE: YEARS 79 — MONTHS 2 — DAYS 24 — 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 lifetim

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaska Co. Ind. 2

FATHER

13. NAME: Jeramiah Bowen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mount Cory, Ohio.

MOTHER

15. MAIDEN NAME: Mary J. Wickizer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfield Co. Ohio.

17. INFORMANT (ADDRESS): Sister - Della Bowen, Rockville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockville, Mo. DATE Feb. 28, 1932

19. UNDERTAKER (ADDRESS): Frank Lee. Appleton City, Mo

20. FILED 2, 26, 1932 19 Mrs. A. B. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., On Feb. 25, 1932, 19.....

I last saw him alive on Feb. 25, 1932, 19..... Death is said to have occurred on the date stated above, at 6P. m.

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

	Date of onset
Cerebral Hemorrhage	
82A	
162	
162	

Other contributory causes of importance: Age, Hypertension

Name of operation ..... 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 ....., 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? No.

If so, specify .....

(Signed) A. B. Freeman, M. D.

(Address) Rockville, Mo.