

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.

4202

1. PLACE OF DEATH

County DeKalb

Registration District No. 258

Township Washington

Primary Registration District No. 6360A

City (No. 15 mi. east of St. Joseph on #36.)

St. St. Joseph, Mo. Ward 2

File No. 2

Registered No. 2

St. St. Joseph, Mo. Ward 2

2. FULL NAME

Leah Catherine Bowen

(a) Residence, No. St. Joseph, Mo. St. St. Joseph, Mo. Ward 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds.

How long in U. S., if of foreign birth? yrs. mos. 8 ds.

How long in U. S., if of foreign birth? yrs. mos. 8 ds.

How long in U. S., if of foreign birth? yrs. mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

June 8, 1857

7. AGE

YEARS

74

MONTHS

7

DAYS

0

IF LESS than 1 day, hrs. min.

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.

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)

Buchanan Co., Mo.

FATHER

13. NAME

William Bowen

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

Unknown

Ohio.

MOTHER

15. MAIDEN NAME

Mary Boyer

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

Unknown

Ohio.

17. INFORMANT (ADDRESS)

C. O. Cornelius

St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bowen Cemetery

DATE Feb. 11, 1932

19. UNDERTAKER (ADDRESS)

Walter Meinhoff
1302 Faraon St. St. Joseph, Mo.

20. FILED

714

1932

C. M. Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1932 .19

22. I HEREBY CERTIFY, That I attended deceased from 2-8-, 1932 to 2-8-32, 1932

I last saw her alive on 2-8, 1932. Death is said

to have occurred on the date stated above, at 11.30 P.M.

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

Date of onset

Mitral Insufficiency
(Probably been affected
for some time. I only
saw her 30 min. before death)

2/8/32

Other contributory causes of importance:

Name of operation 1 Date of 1

What test confirmed diagnosis? Clinical 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) Oscar L. Perkins, M. D.

(Address) Clarksdale, Missouri.

