

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 25 1932

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

Do not use this space.

7050

1. PLACE OF DEATH

County Shannon

Registration District No. 823

Township Wenona

Primary Registration District No. 4498

City Wenona (No. 1)

File No. 7050

Registered No. 7050

St. Ward

2. FULL NAME

Armenta Beraceline Eaton 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

Widowed

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

Jas. J. Bowen

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

Apr 13, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

9

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Orrel Eaton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT

(Address)

Irrel W. Burnett
Wenona Mo

15.

FILED

7-10-32 Mabel Beeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on Sometime before 19..... and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

930

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ①

WAS THERE AN AUTOPSY?

Permission to sign obtained

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Mabel Beeler

Feb 8 1932 (Address) Wenona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Cemetery Wenona Mo

Feb 10 1932

20. UNDERTAKER

ADDRESS

J. R. Burns

Wenona Mo

