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.

MAY 25 1932

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

Do not use this space.

12988

File No.

Registered No. 39

1. PLACE OF DEATH

49 County Jasper — Registration District No. 417

Township — Primary Registration District No. 3021

11 City Webb City, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Charles B. Bowdish

(a) Residence. No. 819 W. Daugherty St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	8	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate 118

(b) General nature of industry, business, or establishment in which employed (or employer) 1 114

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER L. F. Bowdish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Mollie Dunham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT L. F. Bowdish
(Address) Webb City, Mo

15. FILED 4/21, 1932 R. M. Stormont REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to April 20, 1932 that I last saw him alive on April 19, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Pulmonary Abscess With Epileptic Seizure Left Lung

Non T.B. (duration) ..... yrs. 18 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flu (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Florida

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray, Lab

(Signed) B. A. Drumbauler M. D.

4/21, 1932 (Address) Webb City 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
Carterville	Apr. 21 1932

20. UNDERTAKER	ADDRESS
Steele Und. Co. Webb City, Mo.	