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

Do not use this space.
17117

File No.
Registered No.

1. PLACE OF DEATH
County: Polk
Township: Morony
City: New Otona St. Mo. St. Ward)
Registration District No. 710
Primary Registration District No. 5939

84

2. FULL NAME John Porter Bowles
(a) Residence, No. Pleasant Hope 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.

JUN 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~: widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 8 1853

7. AGE: 78 YEARS; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year): all his life
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Hope Polk Co Mo

FATHER
13. NAME: William Bowles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Fullerton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: Guy A. Cowden
(ADDRESS) 2 de medical Art Bldg Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hope DATE: May 10 1932

19. UNDERTAKER: Fullerton & Cowden Undertaking Co
(ADDRESS) Pleasant Hope Mo.

20. FILED: May 23 1932 Estelle Beirton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8th 1932, to May 7th 1932
I last saw him alive on May 7th 1932. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phys. Bowles	
1 B	
1 B	
1 B	

Other contributory causes of importance:

Name of operation: no 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?
If so, specify
(Signed) M. Eugene Bright
(Address) Pleasant Hope

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD