

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.

18403

1. PLACE OF DEATH

County Shelby
Township Clay
City Clarence (No.)

Registration District No. 827
Primary Registration District No. 4500

File No.
Registered No. 9
St. Ward

FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Sada Bowman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1845
7. AGE YEARS 86 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.
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 0

OCCUPATION

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2
13. NAME Arion Bowman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Marion Pierce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT (ADDRESS) Mrs. Sada Bowman
Clarence, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence DATE May-25-1932
19. UNDERTAKER (ADDRESS) E. E. Hopper
Clarence, Mo.
20. FILED 5/25 19 32 Roy Hamilton
Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from 19.28, 1932, to May 23, 1932
I last saw him alive on May 22, 1932. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:
Paralytic ileus
1970/37
15/1932
Other contributory causes of importance:
Hypertrophy of prostate 1925

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?
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) D. L. Harlan, M. D.
(Address) Clarence, Mo.

