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

Do not use this space.

18807

File No. 43

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City St. Joseph. (No. ..... St. ..... Ward)

2. FULL NAME Sophrona Bowman

(a) Residence, No. So. end of Washington, St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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)
Female	White	Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1856.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

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) Roseville, Illinois.

FATHER

13. NAME Isaac Perkins.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT A. D. Bowman
(ADDRESS) 717 E. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King Hill Cemetery. DATE June 8, 1932.

19. UNDERTAKER Fred D. Clark.
(ADDRESS) 5025 King Hill Ave.

20. FILED June 8, 1932 J. Bamberger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to June 3, 1932

I last saw here alive on June 3, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

	Date of onset
Cirrhosis of the Liver	Unknown
12 HB	12 HB

Other contributory causes of importance:

Name of operation None Date of

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) William A. Robertson, M. D.

(Address) St. Joseph Mo.

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.

WHITE PAPER, WITH CHARCOAL INK. THIS IS A PERMANENT RECORD

JUN 21 1932