

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.

SEP 22 1932

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

Do not use this space.

25784

1. PLACE OF DEATH

29 County Dade
3 Township Greenfield
2 City Greenfield No. 1

Registration District No. 237
Primary Registration District No. 4144

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Bora Kimber Bowles
(a) Residence. No. _____ St. _____ Ward _____
(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.
(If nonresident, give city or town and State)

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 OF (OR) WIFE OF William R. Bowles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER Joseph H. Kimber

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

12. MAIDEN NAME OF MOTHER Eleanor Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Penn

14. INFORMANT Catherine Scott
(Address) Greenfield Mo

15. FILED 9-1, 1932 E. O. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932, to Aug 7, 1932, that I last saw her alive on Aug 7, 1932, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina Pectoris
9/11/32 (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) acute pulmonary edema
few hours (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. O. Cowan, M. D., 19 _____ (Address) Greenfield 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

Greenfield Cem. DATE OF BURIAL 8/9 1932

20. UNDERTAKER

Harrison Undertaking Greenfield ADDRESS _____

