

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

Do not use this space.

26261

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas city (No. General Hospital # 2)

File No. _____
Registered No. 3169
St. _____ Ward _____

2. FULL NAME

Arthur Bowman
(a) Residence, No. 2320 Highland 4 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hotel labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2115
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) Iowa

MOTHER FATHER 13. NAME Patrick Bowman

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

MOTHER 15. MAIDEN NAME Rebecca Livis

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

17. INFORMANT Record clerk general Hosp #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8/17 1932

19. UNDERTAKER Matkins Bros (ADDRESS) 1129 Lyda

20. FILED Aug 17 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2 1932, to Aug. 15 1932
I last saw him alive on August 15 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

1. Neoplasm of right lung. Date of onset _____
Other contributory causes of importance: Post operative hemorrhage

Name of operation thoracotomy Date of 8/12/32
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) D. M. Miller, M. D.
(Address) St. Louis, Kansas a. p. # 2

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/12/51
10/12/51

10/12/51
10/12/51

10/12/51
10/12/51

10/12/51
10/12/51

19-242-61