

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.

NOV 23 1932

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

Do not use this space.

31839

1. PLACE OF DEATH

29 County Dade Registration District No. 237
 Township Washington Primary Registration District No. 5329
 City Greenfield, Mo. St. _____ (If nonresident, give city or town and State)
 _____ (Usual place of abode) _____ (If nonresident, give city or town and State)
 _____ (Ward) _____ (Ward)

2. FULL NAME

(a) Residence, No. John T. Bowles 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1873

7. AGE YEARS 59 MONTHS 5 Days 7 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 82 1/2

12. BIRTHPLACE (CITY OR TOWN) Dade Co. Missouri
 (STATE OR COUNTRY)

MOTHER 13. NAME Alexander Bowles

14. BIRTHPLACE (CITY OR TOWN) Dade Co. Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Narcissus Steeley

16. BIRTHPLACE (CITY OR TOWN) Dade Co. Missouri
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. John Bowles
So. Greenfield, Mo. 6450

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro DATE Oct 17, 1932

19. UNDERTAKER (ADDRESS) G. W. Ward
Greenfield, Mo.

20. FILED Oct 17, 1932 G. W. Ward, Dept. Registrar
E. O. Ball

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Found dead in his field.
No evidence of foul play.
Death caused by apoplexy

Other contributory causes of importance: No insect held.

Name of operation _____ Date of _____
 What test confirmed diagnosis? 5 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) Jasper Bean, Coroner M. D.
 (Address) Greenfield, Mo.

