

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.

JAN 7 1933

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

Do not use this space.

34733

1. PLACE OF DEATH

County Benton Registration District No. 60
Township 8 North Primary Registration District No. 5095
City Windsor (No. _____ St. _____ Ward _____)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas M. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1858

7. AGE YEARS 74 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Keeper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Mo.

13. NAME Wiley Jones

14. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Cassie Wheeler

16. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) W. Bowman
Windsor Mo R#6

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek DATE Nov. 26, 1932

19. UNDERTAKER (ADDRESS) J. B. Calbert
Lincoln Mo

20. FILED Dec. 7, 1932 Mrs. Lucy H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov - 5 - 1932 to Nov 23 - 1932

I last saw her alive on Nov - 20 - 1932 Death is said

to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of
Cervix Uteri
48

Other contributory causes of importance 48

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 ✓, 1932

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) Orrin C. Cuddy, M. D.

(Address) Lincoln Mo

100
100
100
100