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

Do not use this space.

37955

File No.

Registered No. 10687

1. PLACE OF DEATH

County ..... Registration District No. ..... Ward

Township ..... Primary Registration District No. .....

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Jack Bowman

(a) Residence, No. 2930 Pine St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-13-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Ky 2

FATHER

13. NAME Wm Bowman

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

MOTHER

15. MAIDEN NAME Charity Styles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky ?

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE 12-3-1932

19. UNDERTAKER American Funeral Home
(ADDRESS) 3464 Page St

20. FILED DEC -2 1932 19 Mat O'Stanley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-2 1932, to 11-29-1932

I last saw h alive on 11-29 1932 Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
93	
Chronic Myocarditis	

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Lab. 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) Arlington M.D.

(Address) City Hospital #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING