

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

Do not use this space.

4255

1. PLACE OF DEATH

99 County Saline
5 Township Marsh Creek
7 City Marsh Creek (No. _____)

Registration District No. 796
Primary Registration District No. 3038

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

2. FULL NAME

Morris Bowman

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodosia Bowman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1
7. AGE YEARS 75 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Mrs. Bowman

14. BIRTHPLACE (CITY OR TOWN) Brunswick (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mrs. Bowman

16. BIRTHPLACE (CITY OR TOWN) Brunswick (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Mildred Howe (ADDRESS) Marsh Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill Cemetery DATE Jan 26 1933

19. UNDERTAKER B. M. Campbell (ADDRESS) Marsh Creek Mo.

20. FILED 2-4- 19 33 G. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1933
22. I HEREBY CERTIFY, that I attended deceased from 1-15 1933, to 1-24 1933. 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:
1861A
1901D
Pneumonia
108

Other contributory causes of importance:
Fracture Right Hip

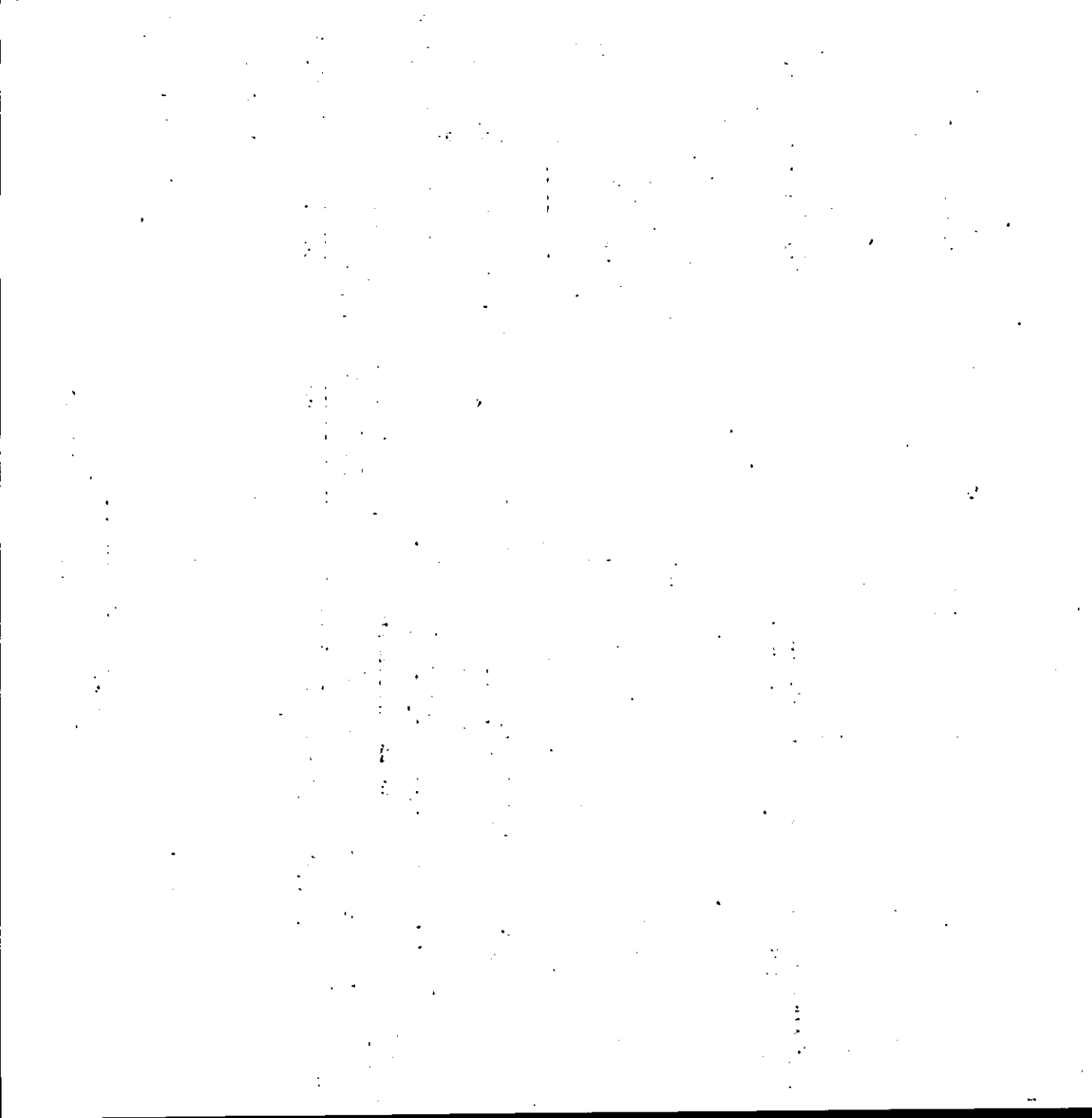
Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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? None
If so, specify _____

(Signed) Robert M. Keeney M. D.
(Address) Marsh Creek Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No.
St. Ward

2. FULL NAME

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

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

OCCUPATION 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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 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:

Pneumonia Date of onset

Other contributory causes of importance: fractured right hip

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? 5

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 24, 1933

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fracture R. Hip
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall, M. D.
(Address) Marshall

S-4255