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

Do not use this space.

7910

File No. ....

Registered No. **1891**

St. .... Ward.

1. PLACE OF DEATH

County .... Registration District No. 791

Township *St Louis Mo* Primary Registration District No. ....

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

2. FULL NAME *Washington Bowman*

(a) Residence, No. *2602 Pine* St., *21* 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

2

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* **4. COLOR OR RACE** *Col* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-22-1859*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
74	—	—	

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. *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) *Ala*

13. NAME *Jeremiah Bowman*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *A Gertrude Heath City Hospital #21*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peters* DATE *2-25-1933*

19. UNDERTAKER (ADDRESS) *C Young*

20. FILED FEB 24 1933 .... Registrar.

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-22-, 19 33*

22. I HEREBY CERTIFY, That I attended deceased from *2-6-, 19 33* to *2-22-, 19 33*

I last saw h*im* alive on *2-22-, 19 33* Death is said to have occurred on the date stated above, at *8* o *c* m.

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

Date of onset

Chronic Myocarditis
93C
162

Other contributory causes of importance:

Senility

Name of operation .... 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? .... 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) *C. Smith* , M. D.

(Address) *City Hospital #2*