

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.

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

Do not use this space.

10469

1. PLACE OF DEATH

County NewtonRegistration District No. 609Township NeoshoPrimary Registration District No. 5808City Neosho (No.)St. Ward

2. FULL NAME

Mary L Bowman(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

Female

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 OFJ. H. Bowman

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

Aug 2, 1851

7. AGE

YEARS

28

MONTHS

7

DAYS

8If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)Ohio

MOTHER FATHER

13. NAME

August Nichols14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia

15. MAIDEN NAME

Mary Hoke16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know17. INFORMANT
(ADDRESS)J. H. Bowman
Neosho, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Neosho, Mo

DATE

3/11

1933

19. UNDERTAKER
(ADDRESS)Bryant's
Neosho, Mo

20. FILED

2/15

19

33C. E. Mauer

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Mar 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Oct 28, 1932, to Mar 10, 1933I last saw him alive on Oct 28, 1932. 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:

Date of onset

Cause of death UnknownProbably some heart
condition - Sudden

Other contributory causes of importance:

95152500A

Name of operation

none

Date of

What test confirmed diagnosis?

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? noIf so, specify

(Signed)

W. L. Hanson

M. D.

(Address)

Neosho, Mo

