

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

Do not use this space.

14379

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785-
Township Bonhomme Primary Registration District No. 3037
City Kirkwood (No. 224 E Adams Kirkwood St. 91 Ward)

2. FULL NAME

George A. Bowman

(a) Residence, No. 224 E. Adams St., Kirkwood
(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 Ida B. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) Missouri

FATHER 13. NAME W. H. Bowman 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary E. Keill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ida B. Bowman
224 E. Adams Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 4/4/33 19.

19. UNDERTAKER (ADDRESS) Louis H. Bopp
Kirkwood Mo.

20. FILED 4-3-1933 B. Barnett Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23rd, 1933, to Apr. 2nd, 1933

I last saw him alive on Apr. 2nd, 1933. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset
95B
970 95B
1118
Other contributory causes of importance:
Pneumonia - hypertatic?
Paralytic Agitation

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? No
If so, specify _____

(Signed) E. B. Waters, M. D.
(Address) Kirkwood, Mo.

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

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.

MAY 24 1933

