

JUL 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Boone
City Boone (No. 543)Registration District No. 543
Primary Registration District No. 5743File No. 20352
Registered No. 20352
St. Mo. Ward 1

2. FULL NAME

Charles Wesley Bowen(a) Residence, No. 97
(Usual place of abode)St. Mo. Ward 1Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18-18567. AGE YEARS 76 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed
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) May 10-1933 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan13. NAME Viran Bowen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont15. MAIDEN NAME Mary Rowden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Edward Bowen18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England19. UNDERTAKER N. N. Stroy20. FILED 1933 Roba Lawson Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 193322. HEREBY CERTIFY That I attended deceased from May 18, 1933 to June 17, 1933I last saw him alive on June 19, 1933 Death is saidto have occurred on the date stated above, at 5 P. m.

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

Myocarditis Date of onsetNephritis (Chronic)930 131

Other contributory causes of importance:

Name of operation no Date of —What test confirmed diagnosis? — 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? noIf so, specify —(Signed) D. E. B. atow, M. D.(Address) Mo.

