

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

Do not use this space.

**23922**

**1. PLACE OF DEATH**

70 County Newton  
Township Franklin  
City Fairview (No. ....)

Registration District No. 608  
Primary Registration District No. 52037

File No. ....  
Registered No. 8  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Fairview St. .... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy Bowman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 1912</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>8</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		
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) <u>Fairview Mo</u>		
13. NAME <u>John H. Bowman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairview Mo</u>		
15. MAIDEN NAME <u>Dora Esbail</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairview Mo</u>		
17. INFORMANT <u>John H. Bowman</u> (ADDRESS) <u>Fairview</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dice Cemetery</u> DATE <u>July 13 1933</u>		
19. UNDERTAKER <u>Fairview Franklin</u> (ADDRESS) <u>Fairview Mo</u>		
20. FILED <u>July 14 1933</u> <u>R. H. Parnell</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933, to July 13 1933  
I last saw him alive on July 13 1933. Death is said to have occurred on the date stated above, at 4 a. m.  
The principal cause of death and related causes of importance were as follows:  
Typhoid Fever  
Date of onset

Other contributory causes of importance:

Name of operation ..... 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? .....  
If so, specify .....  
(Signed) W. Russell M. D.  
(Address) Fairview 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.

JUL 23 1933

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