

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.

AUG 20 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

24216

## 1. PLACE OF DEATH

94 County St. Francois  
 Township St. Francois  
 Near Farmington, Mo. (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 773Primary Registration District No. 6018A

File No. \_\_\_\_\_

Registered No. 862. FULL NAME Otto Bowman

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknown</b>		
7. AGE YEARS <b>About 48</b>	MONTHS _____	DAYS _____
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Pipefitter</b>
	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) <b>Glenn Allen Mo.</b>
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13. NAME <b>Unknown</b>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Glenn Allen Mo.</b>
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15. MAIDEN NAME <b>Unknown</b>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>
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17. INFORMANT <b>Hospital Records Farmington, Mo.</b>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Glenn Allen</b> DATE <b>July 23, 1933</b>
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19. UNDERTAKER <b>Samuel Taylor</b> (ADDRESS) <b>720</b>
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20. FILED <b>July 22, 1933</b> <b>B. J. Robinson</b> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 193322. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to July 21, 1933I last saw him alive on July 20, 1933. Death is saidto have occurred on the date stated above, at 1:00 AM.

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

Cerebral embolism, andforchard3rd820107A344

Other contributory causes of importance:

Cerebral embolismBranchopneumoniaDequett's ProcessIntestineName of operation Intestine + drainage Date of 7/17/33What test confirmed diagnosis? Clinical laboratory 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) C. C. Quilt, M. D.(Address) Farmington, Mo.

