

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.

SEP 26 1933

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

Do not use this space.

26965

1. PLACE OF DEATH

County McDonald
Township Grid
City Goodman (No.)

Registration District No. 142
Primary Registration District No. 62442

File No.
Registered No. St. Ward

2. FULL NAME

Thamer Bowman
(a) Residence. No. St. Ward
(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 Susannah Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1st 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grid
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER David Bowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grid
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Bell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carolina
(STATE OR COUNTRY)

14. INFORMANT Mrs. Susannah Bowman
(Address) Goodman Mo

15. FILED 9/10 1933 Chas. W. Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Aug 27, 1933, that I last saw him alive on Aug 27, 1933, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion and heart failure
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. A. Ellis, M. D.
, 19 (Address) Goodman

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

parcell mo Aug 29 1933
20. UNDERTAKER Chas. W. Williamson ADDRESS Goodman Mo

