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.

OCT 20 1933

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

Do not use this space.

28706

1. PLACE OF DEATH
County Barry
Township Liberty
City Exeter (No. ..... St. ..... Ward)

Registration District No. 34
Primary Registration District No. 5050

File No. .....
Registered No. 13

2. FULL NAME James K Bowman

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Hannah Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-5-1850

7. AGE: YEARS 83 | MONTHS 6 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Exeter, Mo.

FATHER
13. NAME Daniel Bowman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Ora Cole Exeter, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Maplewood Cemetery DATE 9-18-1933

19. UNDERTAKER (ADDRESS) Barr & Blankenship Exeter, Mo

20. FILED 9-18-1933 Mrs. W. P. Searcy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Sept 16, 1933
I last saw him alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 8-p-m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of old age	
132A	
137	
162	

Other contributory causes of importance: Prostatitis Nephritis

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) O S Overton, M. D.
(Address) Purdy Mo R4