

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.

NOV 10 1933

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

Do not use this space.

32789

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 200

City Springfield

(No. 317 N. Kansas)

File No. _____

Registered No. 743

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Lebanon

(Usual place of abode)

No. _____

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

Female

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

A. C. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 1, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

65

1

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

In home

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)

Tenn.

FATHER

13. NAME

Unknown

MOTHER

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Feed

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

17. INFORMANT

(ADDRESS)

A. C. Bowman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Branch Church Cemetery

DATE

Oct 26

1933

19. UNDERTAKER

(ADDRESS)

W. K. Klingner & Co., Springfield, Mo.

20. FILED

10-25

1933

Ralph W. Langdon

Registrar

4 MEDICAL CERTIFICATE OF DEATH

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

Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Oct 25, 1933, to Oct 25, 1933

I last saw him alive on Oct 25, 1933. Death is said

to have occurred on the date stated above, at 7:30 a. m.

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

Not known

Date of onset

1206

possibly a chronic

Colitis with complications

Other contributory causes of importance:

possibly a chronic

Colitis with complications

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) J. V. A. Crane, M. D.

(Address) 315 College Springfield, Mo.

