39831

ORIGINAL

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF ~~IOWA~~ Missouri

JAN 26 1934

1. PLACE OF DEATH

County Harrison State: ~~IOWA~~ Missouri Registered No. 8

Township Lincoln or Village 378 5484 or

City Holfield No. St. Ward

(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME Baby - Not Named

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

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 11/28-33 Premature

7. AGE Years ✓ Months ✓ Days ✓ If less than 1 day, 8 hrs. or 20 min.

OCCUPATION

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

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) No.

FATHER

13. NAME Jesse F. Bowlinger

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Cometa Campbell

16. BIRTHPLACE (city or town) Allendale Mo

17. INFORMANT (Address) Jesse F. Bowlinger

18. BURIAL, CREMATION, OR REMOVAL

Place King Cemetery Date 11/28, 1933

19. LICENSED EMBALMER J. S. Rhoades No. 907

(Address) Mt Ayr Iowa

20. FILED Dec 28, 1933 Chas Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/28, 1933

22. I HEREBY CERTIFY, That I attended deceased on Nov 28, 1933 to ....., 19..., I last saw her alive on Nov 28, 1933, death is said to have occurred on the date stated above, at 6 P m.

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

	Date of onset
Prematurity	
Asphyxia Neonatorum	Nov 28 1933
137	
151 M	

Contributory causes of importance not related to principal cause:

158

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) James T. Stanton M. D.

(Address) Mount Ayr

(OVER)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

V. S. No. 155—Original

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, F. S. Rhodes Licensed Embalmer No. 909 hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ by Self L. E. No..... or by..... Registered apprentice No..... working under my personal supervision.

Signed F. S. Rhodes

Licensed Embalmer No.....

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).