

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

Do not use this space.

374

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME Core Bowles

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>don't know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>don't know</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>don't know</u>	DAYS <u>don't know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>don't know</u>		
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) <u>don't know</u>		
13. NAME _____		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT <u>Julia Ann Bowles</u> (ADDRESS) <u>Brownville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Callaway Co</u> DATE <u>OK</u> 19 <u>34</u>		
19. UNDERTAKER <u>W. H. Reed</u> (ADDRESS) _____		
20. FILED <u>Jan 19, 1934</u> <u>R. M. Crew</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1933 to 1-17, 1934

I last saw her alive on 1-16, 1933 Death is said to have occurred on the date stated above, at 7:42 a.m.

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

Chronic myocarditis Date of onset don't know

13185

Other contributory causes of importance 131

Epileptic Psychosis

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) Joseph Base, M. D.
(Address) State Hospital, Fulton, Mo

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.

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