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

Do not use this space.

21851

File No.

Registered No. 5586

1. PLACE OF DEATH

County 791 Registration District No.

Township Primary Registration District No. 1003

City St. Louis, Mo (No. Peoples Hospital, St. Ward)

2. FULL NAME Robert Bowman

(a) Residence, No. 2914 Delmar St., 21 Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil. 9?

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER

13. NAME Jame Bowman.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Amelia Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Clara B. McNall (Sister) (ADDRESS) 420 E. Sixth Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ills DATE June 6 1934

19. UNDERTAKER Kaiser Bros (ADDRESS) Alton Ills.

20. FILED JUN 7 1934 Jos. F. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-17-1934, to 6-4-1934, I last saw h.i.M. alive on 6-4-1934. Death is said to have occurred on the date stated above, at 2:45 A.m.

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

	Date of onset
Chronic Myocarditis	1933
Endocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) Clair W. Carter, M. D.

(Address) Peoples Hospital

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.

Hauser
Alton, Ills.