

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

Do not use this space.

22508

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

St. Louis, Mo. 1800 White

File No.

Registered No. **6337**

St. Ward)

2. FULL NAME

(a) Residence, No. *1800 Hunter* St., *11* Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

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 *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Della Bowles*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14 - 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 11

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

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) *Uniontown Mo*

13. NAME *James Bowles*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Mary Allen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *Della Bowles*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brighton* DATE *6/28* 1934

19. UNDERTAKER *A. Russell Ind. Co*

20. FILED *287-13* 19 *J. Bredbeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/25*, 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *1/1*, 19 *34*, to *6/25*, 19 *34*

I last saw him alive on *6/25*, 19 *34*. Death is said to have occurred on the date stated above, at *7:30* p.m.

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

*10 Pulmonary Hemorrhage
with
Sanguine of R.L. Lung
genere caused by pneumonia
not tubercular - non diabetic*

*108 Pneumonia
(Lobar)*

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) *Leo Comaromy*, M. D.

(Address) *1701 White*

WRITE PLAINLY, 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.

