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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 27263

Township ..... Primary Registration District No. 1003 ..... Registered No. 7503

City St. Louis (No. 3954 Finney Avenue St. ..... Ward)

2. FULL NAME Florence Bowles

(a) Residence, No. 3954 Finney Avenue St., 23rd Ward. 11 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 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)
Female	Colored	Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Luther Bowles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	9	27	

OCCUPATION

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

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) July 1934.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri

FATHER

13. NAME Harvey Tutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Missouri

MOTHER

15. MAIDEN NAME Eva Redmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri

17. INFORMANT (ADDRESS) Luther Bowles 3954 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 26, 1934

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Ave.

20. FILED 26 1934 J. S. Bredecke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1934, to 7.20, 1934

I last saw her alive on 7.20, 1934 Death is said to have occurred on the date stated above, at 2:33 P. M.

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

	Date of onset
Valvular myocarditis	

Other contributory causes of importance: Focal infection Syphilis

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) William Cullen Bridges, M. D.

(Address) 910 N Sarah St

100M-11-24-33