

NOV 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35871

1. PLACE OF DEATH

County Howard
 Township
 City New Franklin (No. , St. , Ward)

Registration District No. 380
 Primary Registration District No. 4224

File No. _____
 Registered No. 18

2. FULL NAME Steve Bowman

(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 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 Lucile Harris Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1886

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

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) Howard Co., Mo

13. NAME Steve Bowman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo

17. INFORMANT Lucile Harris Bowman
 (ADDRESS) New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Interment DATE 10/20/34

19. UNDERTAKER C. S. Duncan
 (ADDRESS) New Franklin Mo.

20. FILED 10-23- 1934 J. B. Beut Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 19____, to Oct 16, 19____

I last saw him alive on Oct 16, 1934. Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Lobar Pneumonia

Date of onset Oct 13 1934

Other contributory causes of importance: 106

Name of operation none Date of _____

What test confirmed diagnosis? none 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? no

If so, specify E. L. Chamberlain, M. D.

(Signed) New Franklin Mo

