

DEC 19 1934

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

Do not use this space.

40290

1. PLACE OF DEATH

County GettysRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. 320 E 4th)File No. 387Registered No. 608

St.

Ward)

2. FULL NAME Sarah Etta Bowser(a) Residence, No. 320 E 4th

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Sam Bowser

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

Sept. 9, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6528

OCCUPATION

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

House wife

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

53rd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

53rd

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

Newark Ohio

MOTHER

13. NAME

Harrison Moore

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

Maryland

15. MAIDEN NAME

Mary Jane Cummings

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

Ohio

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 11/19/34

19. UNDERTAKER (ADDRESS)

M. Long Blinn Bros Sedalia Mo20. FILED 11-19- 1934Frank Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/34 . 193422. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to Nov. 17, 1934I last saw him alive on Nov 17, 1934. Death is saidto have occurred on the date stated above, at 12:00 P.M.

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

Carcinoma of BrainDate of onset 19th UMetastatic from primary carcinoma 2 yrs ago.Operative done by Dr Van Rensselaer at Bonville Mo.

Other contributory causes of importance:

noneRemoval of the lung 2 yrs agoName of operation removal of the lung 1908 Date of 1908What test confirmed diagnosis pathological Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 1934Where did injury occur? homicide

(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? noIf so, specify none(Signed) Chas. W. Moore M. D.(Address) Sedalia Mo

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.

