

JAN 16 1935

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

Do not use this space.

42716

1. PLACE OF DEATH

County Henry Co.
Township Windsor mo.
City Windsor mo. (No.)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 25
St. Ward)

2. FULL NAME

John Bowen

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-13-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Operator
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) Thornley England

FATHER
13. NAME Richard Bowen

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

MOTHER
15. MAIDEN NAME Elizabeth Thompson

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

17. INFORMANT (ADDRESS) Mrs Elizabeth Frazer

18. BURIAL, CREMATION, OR REMOVAL bur
PLACE Windsor mo DATE Nov-10-1934

19. UNDERTAKER (ADDRESS) C. A. Root Windsor mo.

20. FILED Dec 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 to Dec 7, 1934
I last saw him alive on Dec 7, 1934 Death is said

to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Erysipelas of face
Robert pneumonia
Other contributory causes of importance: shot
beat

Name of operation Date of
What test confirmed diagnosis? clinical 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 T. J. Jennings M. D.
(Signed) T. J. Jennings M. D.
(Address) Windsor 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.

