

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JAN 17 1935

Do not use this space.

1. PLACE OF DEATH

County Knox
 Township Tabitha
 City Knox City (No. _____)

Registration District No. 445-
 Primary Registration District No. 3603-

File No. 43463
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME

(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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Josie Bowles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27th April 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 7 20 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 12-31-34
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Palmyra Mo. (STATE OR COUNTRY) Quarion13. NAME Franklin A. Bowles14. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Fanny Brown16. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo. (STATE OR COUNTRY)17. INFORMANT Mrs Victor Rudd, Knox City Mo. (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Newark DATE Dec 1919. UNDERTAKER Thomas Ball (ADDRESS) Caring Mo20. FILED Dec 15, 19 34 Daisy Hae Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 193422. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934 to Dec 17, 1934I last saw him alive on Dec 17, 1934 Death is saidto have occurred on the date stated above, at 11 a. m.

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

Bronchial Pneumonia
101A

Date of onset

Other contributory causes of importance:

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 _____, 1934

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) Walter McPherson, M. D.(Address) Knox City Mo.

Due me
Honey City