

NOV 29 1935

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

Do not use this space.

44087-2

1. PLACE OF DEATH

County Texas Registration District No. 1032
Township Pierce Primary Registration District No. 6144
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME George 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Louise Belle Bowen

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1935, to July 16, 1935
I last saw him alive on May, 1934. Death is said to have occurred on the date stated above, at 11 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 - 1871

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 20

OCCUPATION 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)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
This man has at different times been under my care

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

FATHER 13. NAME William Bowen

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

MOTHER 15. MAIDEN NAME Rosa Belle Moore

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

17. INFORMANT (ADDRESS) Raymond Bowen

18. BURIAL, CREMATION, OR REMOVAL PLACE Falview DATE Jan 18, 1935

19. UNDERTAKER (ADDRESS)

20. FILED Jan 17, 1935 Paul R Coats Registrar.

Name of physician Physical findings Date of No
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? No
If so, specify
(Signed) J. A. Davis, M. D.
(Address) Millaw Springs Mo.

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.

