

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

Do not use this space.

4323

1. PLACE OF DEATH

County Bates
Township New Home
City (No.)

Registration District No. 53
Primary Registration District No. 5084

File No. 11
Registered No. 11 Ward

2. FULL NAME

John C. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 5 16

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

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

13. NAME John Bowman

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

15. MAIDEN NAME Matilda Bartholmew

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

17. INFORMANT (ADDRESS) Myrtle Bowman Foster Mrs.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb. 2, 1935

19. UNDERTAKER (ADDRESS) Pond & Renshaw

20. FILED Feb 2 1935 James J. Green Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1934, 19, to Feb. 2, 35, 19.

I last saw him alive on Jan. 15, 35, 19. Death is said to have occurred on the date stated above, at 10 P. m.

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

Cerebral Haemorrhage

Date of onset

Other contributory causes of importance:

Name of operation None Date of 1930

What test confirmed diagnosis? Insp. Was there an autopsy?

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

Accident, suicide, or homicide? HO 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 C. M. Rice, M. D.

(Signed) C. M. Rice

(Address) Butler, Mo.

