

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.

MAR 27 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6231

1. PLACE OF DEATH

County NewtonRegistration District No. 611Township SenecaPrimary Registration District No. 4365City Seneca

(No.)

St.

Ward)

2. FULL NAME Susan Elizabeth 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

Female

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 OFTom Bowman

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

Aug 11 - 1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.88525

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House Wife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Arkansas

MOTHER FATHER

13. NAME

Joe Helm14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't Know

15. MAIDEN NAME

Don't Know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't Know

17. INFORMANT

(ADDRESS)

A. H. McNeely
Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Seneca

DATE

2-7-1935

19. UNDERTAKER

(ADDRESS)

W. B. Buzzard
Seneca Mo.

20. FILED

Feb. 6, 1935Merle Spaulin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1935, to Feb 5, 1935I last saw her alive on Jan 7, 1935. Death is saidto have occurred on the date stated above, at 3 P.M.

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

Gastric carcinoma

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....., 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

(Signed) D. B. Summers, M. D.(Address) Seneca Mo.

