

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

Do not use this space.

8588

1. PLACE OF DEATH

APR 26 1935

29 County Wade
Township Smith
City (No.)

Registration District No. 257
Primary Registration District No. 5836

File No. 03
Registered No. 03
St. Ward

2. FULL NAME

(a) Residence, No. Bethel Bowles 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-1-1886</u>			
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>	DAYS <u>27</u>
		If LESS than 1 day, ... hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	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) <u>Wade Co. Missouri</u>			
FATHER	13. NAME <u>Joe T. Bowles</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Mo.</u>		
	15. MAIDEN NAME <u>Amanda Stealy</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wade Co. Mo.</u>		

17. INFORMANT (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Pennabono</u>	DATE <u>3-29-35</u>
19. UNDERTAKER (ADDRESS) <u>Monahan & Leisner</u>	
20. FILED <u>4/3</u>	19 <u>35</u> <u>W. R. View</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1935, to Mar 28, 1935

I last saw him alive on Mar 28, 1935 Death is said

to have occurred on the date stated above, at 7:20 a.m.

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

Lobar Pneumonia (double) Date of onset 3-26-35

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Other contributory causes of importance:

Name of operation Symple Date of
What test confirmed diagnosis? Symple 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? no
If so, specify
(Signed) L. J. Palmer, M. D.
(Address) Miller 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.

