

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

Do not use this space.

8591

1 APR 17 1935

1. PLACE OF DEATH

County Dade

Registration District No. 238

Township Cedar

Primary Registration District No. 3326

City Greenfield, Mo. (No.)

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

Female

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

Lloyd Bowman

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

May 23-1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

39

9

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeping

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)

Cedar Co. Mo.

MOTHER FATHER

13. NAME

W. H. Dollarhide

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

Northwest Mo.

15. MAIDEN NAME

Anna Crow

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

Ohio

17. INFORMANT (ADDRESS)

Lloyd Bowman, Rockwood, Mo. #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockwood Cem. DATE Mar. 13, 1935

19. UNDERTAKER (ADDRESS)

J. W. Ward, Greenfield, Mo.

20. FILED

4-4

1935

J. E. Wren

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw her alive on March 4, 1935. Death is said

to have occurred on the date stated above, at 11:12 P.M.

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

Pneumonia (Lobar)

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)

St. O. Cowan

M. D.

(Address)

Greenfield

The first part of the paper discusses the importance of the
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 the study of history is essential for a full understanding
 of the present. The second part of the paper discusses the
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