

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

Do not use this space.

MAY 27 1935

12608

1. PLACE OF DEATH

County Harrison
 Township Colfax
 City (No. _____)

Registration District No. 333
 Primary Registration District No. 3469

File No. 8
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mary Isabel Bowles

(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 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 Geo Bowles 1854

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 10

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

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 Martin Jenkins

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

15. MAIDEN NAME Ellen Devine

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

17. INFORMANT (ADDRESS) Geo Bowles

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Mo DATE 4/29 1935

19. UNDERTAKER (ADDRESS) Frank J. ...

20. FILED 5/9 1935 S. J. Coster Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935 to April 27 1935. I last saw her alive on April 27 1935. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

influenza
Pneumonia - Lobar - Left L. Apr 20

Other contributory causes of importance:
old age, Obesity, asthma, weak kidneys.

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? no
 If so, specify _____
 (Signed) W. H. ... DO.
 (Address) Bethany Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

