

JUN 24 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18731

1. PLACE OF DEATH

County Stone
 Township Flat Creek
 City (No.)

Registration District No. 1096
 Primary Registration District No. 6247

File No.
 Registered No. 3
 St. Ward

2. FULL NAME

(a) Residence, No. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Clara Bowling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 1892</u>		
7. AGE <u>42</u>	YEARS <u>11</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Section Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rail Road</u>
10. Date deceased last worked at this occupation (month and year) <u>May 28, 1935</u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crane Stone Co. Mo.</u>		
13. NAME <u>Tom Bowling</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Martha C. Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Alma Bowling</u> (ADDRESS) <u>Crane, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane, Mo.</u> DATE <u>June 9, 1935</u>		
19. UNDERTAKER <u>Eugene Wood</u> (ADDRESS) <u>Crane, Mo.</u>		
20. FILED <u>6/7/35</u> 19.35 <u>Chas. H. Barney</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 193522. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at 4:30 P. m.

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

Date of onset

Drowning
177

Other contributory causes of importance:

Name of operation Clinical Date of
 What test confirmed diagnosis Was there an autopsy? no.

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

Accident, suicide, or homicide? Accident Date of injury 5-29, 1935Where did injury occur? Stone County, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury James RiverNature of injury 24. Was disease or injury in any way related to occupation of deceased? No.If so, specify (Signed) Dra Hunt Corcoran, M. D.(Address) Salina, Mo.

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1. PLACE OF DEATH

County StoneRegistration District No. 1096

Township

Primary Registration District No. 0247

City

(No.)

File No.

Registered No. 3

St. Ward

2. FULL NAME Robert G. Bowling

(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

m

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)m5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.421126

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. To what service
connected with
this occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)20. FILED 7/10

19

Chas. H. Barney
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at m.

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

Date of onset

1. Drowning
got scared and
jumped or fell out of
abundant know

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) , M. D.

(Address)

JUL 12 1935

18731