Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH  County Butler  Township  City Oplay Yolu  2. FULL NAME Lula As  (a) Residence, No. R  (Usual place of abode)  Length of residence in city or town where					
5	PERSONAL AND STATIST					
nen	3. SEX	4. COLOR OR RACE				
ater	Female	White				
zact st	5A, IF MARRIED, WID THISE MINE (OR) WIFE O					
.		(MONTH, DAY, AND YEAR)				
ssmed	7/ AGE YEAR	S MONTHS				
	<u>)</u> 61	6				

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

Do not use this space.

19082

						ستر والبحا	
	1. PLACE OF				09		
/P) County Butler Rej			Registration Distr	let No.	File No.		
TownshipPr			Primary Registrati	on District No. 300	Registered No.	93	
					•	, _ St.	Ward
6-3			• •				
1	2. FULL NA	ме <u>грита ч</u>	Bowman			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••
ľ	(a) Resi	ldence, NoR	eynolds	St. s	Ward	***************************************	***************************************
ľ		ual piace of abode) ence in city or town where	death occurred	yrs. mos.		onresident, give city or town oreign birth?	and State) mos. ds.
===						oreign birtin. 718.	11105. (18.
	PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERT	TIFICATE OF DEATH	I
			5. SINGLE, MARRI		21. DATE OF DEATH (MONTH, DAY, A	und year) June 2	.185
D-	mole	White	Divorced (wr				<del></del>
					22. I HEREBY CERT	TIFY, That I attended	deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HESSERGE Clyde Bowman (OR) WIFE OF Clyde Bowman					, 19	, to	19
_	(OR) WIFE (	of Clyde b	Ownan		I last saw h alive on	, 19	Death is said
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1.1873					to have occurred on the date stated	i above, a3:15P m.	
71	AGE YEA	RS MONTHS	DAYS	If LESS than 1	The principal cause of death and r	elated causes of importance	
<u>)</u>	<b>61</b>	6	1 1	day,hrs. ormin.	Basic sh	ella to	Date of easet
<del></del>	8. Trade, profession, or particular			V - 0 - 00;	m - pione		
Z	kind of work done, as spinner, sawyer, bookkeeper, etc.  House-wife			De - De o	ing from		
OCCUPATION	9. Industry or business in which			and the state	Warney	6/2/35	
4	work was done, as silk mill, saw mill, bank, etc.			lutant	ment.		
ក្ក	10. Date deceased last worked at 11. Total time (years)						
ŏ	this occupation (month and spent in this occupation			Other contributory causes of import	ance: § 7M	İ	
12. BIRTHPLACE (CITY OR TOWN) Macon County (STATE OR COUNTRY) Missouri							
13. NAME Jacob Dennison					Name of operations	Date of	L
14. BIRTHPLACE (CITY OR TOWN). Lawrence Co. (STATE OR COUNTRY) Ohio				Co.	What test confirmed diagnosis?	Was there an au	topey? 240
					23. If death was due to external cau		
TER.	15. MAIDEN N	AME Malinda	Pinkeln	nan	Accident, suicide, or homicide	O.E.N.T Date of injury	- 2 1935
16. BIRTHPLACE (CITY OR TOWN) Lawrence Co.				Co.	Where did injury occur	ull-Wanne	o - Zuce
2   16. BIRTHPLACE (CITY OR TOWN)					(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
	INCODIANT	Howard Sm	ith		Rubli	eplace	piace.
17. INFORMANT HOWARD SMITH (ADDRESS) R. F. D. 6 PODIAT BLUIT. MO.				uff Mo.	Manner of Injury autor holile acadent		
18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.					Nature of injury Skill Latter		
PLACE Poplar Bluff DATE June 6 35					24. Was disease or injury in any way	y related to occupation of dec	essed?
10	IINUEDTAKED	Frank Und	- Co-		If so, specify		
13.	(ADDRESS)	Poplar B	luff. Mo		(Signed) / Liefra	Allenol.	Do Marion
	71	1 *~~ #	/// <b>/</b> '		777		

Registrar.

