WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 2 2 1935

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

Do not use this space.

19804

1. PLACE OF DEATH

County Jackson — Registration District No. 3[illegible] — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. 3215 Anderson St. Ward)

2. FULL NAME George W. Bowen

(a) Residence, No. 3215 Anderson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Mrs. Lillian Bowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24, 1879

7. AGE: 56 YEARS, 1 MONTHS, 21 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Special Policeman
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): Clarksdale Mo.

FATHER

13. NAME: James Bowen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Ann Means
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Lillian Bowen 3215 Anderson K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 6/17/35 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons 3811 Broadway K. C. Mo.

20. FILED 6-15 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/15/35, 19

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

I last saw [illegible] alive on [illegible], 19 Death is said to have occurred on the date stated above, at [illegible] m.

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

Coronary thrombosis
Chronic myocardial infarction

Date of onset

Other contributory causes of importance: 93 [illegible]

Name of operation: [illegible] Date of [illegible]

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) [illegible], M. D.

(Address) [illegible]

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