

AUG 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25325-1

1. PLACE OF DEATH

County Stone
 Township Pierce
 City Crane (No. _____)

Registration District No. 842
 Primary Registration District No. 6104

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

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 17 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1923

7. AGE YEARS 11 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane, Mo.

13. NAME Jesse Bowling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane, Mo.

15. MAIDEN NAME Della Branstetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co, Mo.

17. INFORMANT (ADDRESS) Jesse Bowling
Crane, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crane Cem. DATE July 10 1935

19. UNDERTAKER (ADDRESS) Eugene Wood
Crane, Mo.

20. FILED July 9 1935 Mo. E. Waggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to 7-8, 1935.

Last saw her alive on 7-7, 1935. Death is said

to have occurred on the date stated above, at 6 a.m.

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

Date of onset

Thromboplegia?
NO
3 mos

Other contributor causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

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) JCR Grogg, M. D.

(Address) Crane

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.

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY PAGE.
Do not use this space.

1. PLACE OF DEATH

County Stone
Township Pierce
City _____ (No. _____)

Registration District No. 842
Primary Registration District No. 6104

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

2. FULL NAME Ola Mae Bowling

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. 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. min.
11 9 17

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. Total time (years) spent in this occupation

12. 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 July 9, 1935 Mrs. Ethel Dwyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 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:

Hemiplegia in the
skin misadventure
fungo and brown
purpura hemorrhage

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) J. P. Hoggatt, M. D.

(Address) Cranford

SEP 4 1966

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