

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.

SEP 16 1935

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

Do not use this space.

27810

1. PLACE OF DEATH

County.....

Registration District No.

1003

File No.

6861

Township.....

Primary Registration District No.

Registered No.

City.....

(No.)

Masonic Home

5351 Delmar

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

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)

Widower

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

Unknown

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

Apr. 10 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

85

3

29

OCCUPATION

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

Unknown

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)

Hastings Missouri

FATHER

13. NAME

Joseph C. Bowman

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

Not known

MOTHER

15. MAIDEN NAME

America Chick

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

Not known

17. INFORMANT (ADDRESS)

Miss H. Waller 5351 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Matthew

DATE

8/12

1935

19. UNDERTAKER (ADDRESS)

A. Ellis 5240 Delmar

20. FILED AUG 12 1935

J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 9

1935

22. I HEREBY CERTIFY, That I attended deceased from

June 19

1934

to

Aug 9

1935

at

5351 Delmar

St. Delmar

Ward

last saw him alive on

Aug 9

1935

at

5351 Delmar

St. Delmar

Ward

Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Chronic Myocarditis

Date of onset 1 yr.

Other contributory causes of importance:

Emphysema

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

Yes

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

Accident, suicide, or homicide?

Date of injury

1935

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)

John Cameron M. D.

(Address) 508 N. Grand Blvd

[illegible]

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J. C. - L. J. - V. J.

2.3

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