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.

OCT 2 4 1935

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

Do not use this space.

29838

File No.

Registered No.

1. PLACE OF DEATH

County Jasper Registration District No. 408

Township Marion Primary Registration District No. 5562

City ~~Carthage~~ – Route 2 (If outside city limits, so state) St. Ward)

2. FULL NAME William Harueston Bowman

(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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1857

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	8	8	

OCCUPATION

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

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) Knoxville Tennessee

FATHER

13. NAME David Bowman

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

MOTHER

15. MAIDEN NAME Polly Cox

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

17. INFORMANT (ADDRESS) Mrs. N. H. Bowman Route 2 – Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lunsboro, Mo. DATE Sept. 26 1935

19. UNDERTAKER (ADDRESS) Shell Morrissey Carthage Mo.

20. FILED Sept 26, 1935 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1935, to Sept 24, 1935

I last saw h... alive on Sept 23, 1935. 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 (?)
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Decompensation	9/15/35

Name of operation None Date of ~~None~~

What test confirmed diagnosis? Physical 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) George H. Wood, M. D.

(Address) Carthage Mo.