OCT 28 1935

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

Do not use this space.

31530

File No.

Registered No. 139

1. PLACE OF DEATH

County Saline — Registration District No. 296

Township ~~Marshall~~ — Primary Registration District No. 3028

City Marshall (No. 157 S. Benton St. Ward)

2. FULL NAME Mrs. Theodosia Bowman

(a) Residence, No. 157 S. Benton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5, 1851

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	3	14	

OCCUPATION

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

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): High Hill, Mo.

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Theodosia Emmerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): High Hill, Mo.

17. INFORMANT (ADDRESS): Mrs. Carl Isaacs, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: High Hill, Mo. DATE: Sept. 7, 1935

19. UNDERTAKER (ADDRESS): J.L. Sweeney, Marshall, Mo.

20. FILED: Sept 6, 1935 — Helen Kuston, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 5, 1935

I last saw her alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 12:20 p.m.

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

	Date of onset
Chr. Myocarditis	
1/2 1	

Other contributory causes of importance:

Chr. Intestinal Neoplasia

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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) Robt. McLeod, M. D.

(Address) Moniteau Mo.

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.

FILLING THIS IS A PERMANENT RECORD