

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

Do not use this space.

34887

NOV 29 1935

1. PLACE OF DEATH

County Stoddard

Township

City Dexter

(No.)

Registration District No. 838

Primary Registration District No. 4509

File No. 197

Registered No.

St.

Ward)

2. FULL NAME

Martha Emiline 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

yrs.

mos.

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Chas. C. Bowman

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

Feb. 14, 1853

7. AGE

YEARS

82

MONTHS

8

DAYS

X

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Retired

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)

Marquand, Mo.

FATHER

13. NAME

Henry Whitener

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

N. Carolina

MOTHER

15. MAIDEN NAME

Unknown

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

"

17. INFORMANT
(ADDRESS)

B. W. Bowman,
Little Rock, Ark.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dexter Cemetery

DATE 10-16

1935

19. UNDERTAKER
(ADDRESS)

Blankenship-Strickland
Dexter, Mo.

20. FILED

11-10

1935

Alice L. Norman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-35, 19

22. I HEREBY CERTIFY, That I attended deceased from

July 1 - 1934, to Oct - 14 - 1935
Last saw him alive on Oct - 10 - 1935 Death is said to have occurred on the date stated above, at 7:10 A. M.

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

Chronic nephritis

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

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

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) Frank Labaree

M. D.

(Address) Dexter

Mo.

