

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

Do not use this space.

38452

JAN 13 1936

1. PLACE OF DEATH

County Adair
Township Boonville
City Kirksville. (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 239 St. _____ Ward)

2. FULL NAME Minnie Bell Bowman.

(a) Residence, No. 701 E. Mill St., 1st 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/6/1881</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>11</u>	DAYS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House keeper</u>
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) Clinton,
(STATE OR COUNTRY) Ill.

13. NAME Daniel M. Walker.

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

15. MAIDEN NAME Sarah L. Vohreese

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

17. INFORMANT Sarah Walker
(ADDRESS) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Llewellyn DATE _____ 19____

19. UNDERTAKER Summers & Son
(ADDRESS) Kirksville, Mo.

20. FILED Dec 27 1935 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/35 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Dec - 25 1935
I last saw him alive on Dec. 24 1935 Death is said to have occurred on the date stated above, at 3:45 P. m.

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

Congestive heart failure with terminal pneumonia (Bronchopneumonia + chronic myocarditis)
Other contributory causes of importance:
Syphilitic aortitis
Aortic regurgitation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) A. D. McClure RO
(Address) 717 C Wash.
Kirksville, Missouri.

