

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

Do not use this space.

38881

1. PLACE OF DEATH

County Carter
Township Carter
City Van-Buren

Registration District No. 143
Primary Registration District No. 5205

File No.
Registered No.
St. Ward

2. FULL NAME Myrtle Bowen

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 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>F</u>	4. COLOR OR RACE <u>V</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1910</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>11</u>	DAYS <u>15</u>
IF LESS than 1 day, ... hrs. or min.		

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

13. NAME Joe Bowen

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

15. MAIDEN NAME Sarah Wallace

16. BIRTHPLACE (CITY OR TOWN) Iron Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Sarah Freeman
(ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carter Co. House DATE Dec. 18 1935

19. UNDERTAKER CROY Van Buren, Mo.
(ADDRESS)

20. FILED 12-18-1935 J. W. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1935

22. HEREBY CERTIFY, That I attended deceased from Dec 14 1935 to Dec 18 1935
I last saw her alive on Dec 17 1935. Death is said to have occurred on the date stated above, at 12:10 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 12-13-1935

Other contributory causes of importance: Tonsillitis

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) Wm H Burton M. D.
(Address) Van Buren, 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.

