

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

Do not use this space.

JAN 26 1936

1. PLACE OF DEATH

County Drew
Township Salem
City Salem (No. —)

Registration District No. 266
Primary Registration District No. 9168

File No. 39094

Registered No. 78
St. — Ward —

2. FULL NAME

(a) Residence, No. — St. — Ward —
(Usual place of abode)
Length of residence in city or town where death occurred 5 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>Student</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28-1921</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>1</u>
	DAY <u>15</u>	IF LESS than 1 day, hrs. or min. <u>—</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Student</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	
		11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shondan Arkansas</u>		
FATHER	13. NAME <u>J. E. Bowen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glover Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Birdie May Harlin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shondan Arkansas</u>	
17. INFORMANT (ADDRESS) <u>J. E. Bowen Salem</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Grove</u> DATE <u>12/9</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Ch. Spencer Salem</u>		
20. FILED <u>10/8/</u> 19 <u>35</u> <u>H. E. Rudd, Jr. D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1935, to December 8 1935.
I last saw him alive on December 5 1935. Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset 11-22-35

Other contributory causes of importance:
Hypostatic Pneumonia 12-2-35

Name of operation — Date of —
What test confirmed diagnosis? Clinical Findings 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) F. E. Smith, M. D.
(Address) Salem, Missouri

