

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.

DEC 30 1936

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

Do not use this space.

21740-1

33

1. PLACE OF DEATH

County Taney.

Registration District No. 859.

Township Newton.

Primary Registration District No. 6131.

City.....

(No.....)

St.....

Ward.....

2. FULL NAME Rav Annigen 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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

May 11, 1936.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

0

0

8

OCCUPATION

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

Missouri.

FATHER

13. NAME

Lex Bowman.

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

Missouri.

MOTHER

15. MAIDEN NAME

Gladys Lee Burnett

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

Missouri.

17. INFORMANT
(ADDRESS)Lex Bowman,
Oasis Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oasis

DATE

5/20

1936

19. UNDERTAKER
(ADDRESS)

Young

20. FILED

11/9

1936

John H. Baxter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19..... to....., 19.....

I last saw her alive on May 11, 1936. Death is said
to have occurred on the date stated above, at 2 A. m.

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

Premature Birth.

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify

(Signed) C. E. Maller, M. D.

(Address) Blue Eye, Mo.

