

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

AUG 17 1936

Do not use this space.

25756  
24-

1. PLACE OF DEATH

County Candeur

Township Jasper

City Quincy

Registration District No. 117

Primary Registration District No. 5167

File No.

Registered No.

St.

Ward)

2. FULL NAME

Abraham Alexander 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 4 yrs. 2 mos.

ds.

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

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Sarah Ann Riffle

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

March 2 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

79

4

24

OCCUPATION

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

farmer

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) 1934

11. Total time (years) spent in this occupation

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

Marion County Kentucky

FATHER

13. NAME

William Bowman

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

No Record

MOTHER

15. MAIDEN NAME

Sarah Ann Cooper

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

No Record

17. INFORMANT (ADDRESS)

Versailles, Mo Star Route Sarah Hamahan

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Patrick

DATE

July 28 1936

19. UNDERTAKER (ADDRESS)

Versailles, Mo. W. H. Anderson

20. FILED

Aug 10 1936 Lezzie H. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 26 1936

22.

I HEREBY CERTIFY, That I attended deceased from Jan 6 1936, to July 26 1936

I last saw him alive on July 26 1936. Death is said to have occurred on the date stated above, at 4:45 P. m.

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

Chronic Brights Disease

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Asb

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? no

If so, specify

(Signed)

S. A. Newton

, M. D.

(Address)

Versailles Mo

