

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

Do not use this space.

27414

AUG 24 1936

1. PLACE OF DEATH

County Montgomery
Township W. 4th
Near Jonesburg Mo.

Registration District No. 5-89
Primary Registration District No. 57829

File No. _____
Registered No. 24
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Willie Mae Holliday Bowman 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 (8) 5

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Adam R. Bowman

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

15. MAIDEN NAME Elizabeth Holliday

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

17. INFORMANT (ADDRESS) A. Feynost Jonesburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE July 17 36

19. UNDERTAKER (ADDRESS) J. Marlowe Montgomery City Mo

20. FILED July 17 1936 E. R. Ruch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to July 15 1936
I last saw him alive on July 12 1936 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

1. Heat exhaustion
2. Myocarditis, chronic
3. Stenosis

Other contributory causes of importance: 930

Name of operation _____ Date of _____
What test confirmed diagnosis? By Exam. 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) Bruce Wheeler, M. D. (Address) Montgomery City Mo

