AUG 18 1936

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

Do not use this space.

28177

File No.

Registered No. 6935

1. PLACE OF DEATH

County

Township

City (No. 2942 North Euclid St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Michael W. Bowe

(a) Residence, No. 2942 North Euclid St., 6 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 9, 1868

7. AGE: Years 69 | Months 7 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baker

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): Cleveland, Ohio

FATHER

13. NAME: James Bowe

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mathilda Bowe, 2942 North Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: July 10, 1936

19. UNDERTAKER (ADDRESS): John Centeman, 5077 Durant

20. FILED JUL 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th 1936, to July 7th 1936

I last saw him alive on July 7th 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Usual 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) W. J. Gallagher, M. D.

(Address) 7 Mo Theatre Bldg

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.