

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

Do not use this space.

JAN 19 1937

44677

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Ilwaco

Primary Registration District No. _____

City Hannan City (No. 21)

St. Joseph Hospital

File No. 52.3

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8329 Park

St. _____ Ward _____

(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 Female 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 Charles S. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 7 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 0 28

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

13. NAME Oliver Martin

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

15. MAIDEN NAME Miranda Webb

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

17. INFORMANT C. S. Bowman (ADDRESS) 8329 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Dec - 5 - 1936

19. UNDERTAKER M. C. I. Chouler (ADDRESS) 912 Brooklyn

20. FILED 12-5-36 M. M. Lane and Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1936, to 12-4, 1936

I last saw her alive on 12-4, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

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

Lobar Pneumonia (Right

Lower lobe)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1936

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) J. A. Kynes, M. D.

(Address) 214 Brithman Bldg.

18th June 1966