CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1937

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

Do not use this space.

45627
45622

1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No.
Township Seneca — Primary Registration District No. 5812 — Registered No.
City ~~Seneca~~ (No. ..... St. ..... Ward)

2. FULL NAME Clifford Allen Bowman
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7-1936
7. AGE: YEARS — MONTHS 7 DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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): Newton Co. Mo.

FATHER
13. NAME: Chas O. Boman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Nina A. Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Chas O. Boman, Seneca Mo R.1
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sparlin Cemetery DATE: Dec. 10 1936
19. UNDERTAKER (ADDRESS): Bill Bushard, Seneca Mo.
20. FILED: Dec 12 1936 Merle Sparlin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from on Dec 7, 1936, to ....., 19....
I last saw h..... alive on Dec 7, 1936. Death is said to have occurred on the date stated above, at 7-30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lethargic Encephalitis	11/20/36

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) [signature], M. D.
(Address) Joplin Mo