AUG 15 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 48578
Township Washington — Primary Registration District No. 1001 — Registered No. 936
City St. Joseph, Mo. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Baby Bowen
(a) Residence, No. Denton, Kans. 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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Still Born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-36
7. AGE YEARS 0 MONTHS 0 DAYS 0 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) St. Joseph, Mo

FATHER
13. NAME Arthur Bowen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Pontyates~~ Pontyates Wales

MOTHER
15. MAIDEN NAME Georgia Seals
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centreville Iowa

17. INFORMANT (ADDRESS) Arthur Bowen Denton, Ks.
18. BURIAL, CREMATION, OR REMOVAL PLACE ~~[illegible]~~ Denton Ks. DATE 7-16, 1936
19. UNDERTAKER (ADDRESS) Karr Funeral Home Tyson Ks.
20. FILED 7-16, 1936 H. J. Nestlebush 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 July 13, 1936 to July 15, 1936
I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Still Born.

Date of onset

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 ....., 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) J. F. Chiavottino, M. D.
(Address) Kirkpatrick 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.