

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.

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. 5149
Registered No. 253
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1019 Edmund Ward. 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 0 0 0 8

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

13. NAME Russell Bowman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph

15. MAIDEN NAME Ray Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph

17. INFORMANT Ray Harvey Bowman (ADDRESS) 1019 Edmund

18. BURIAL, CREMATION, OR REMOVAL Ray Creml DATE 2-24-37

19. UNDERTAKER Barry Wylie (ADDRESS) 248 1/2

20. FILED Feb 23 1937 HJ Northgate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to Feb 20 1937

I last saw live on 19 Death is said to have occurred on the date stated above, at 8 P.M.

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

Still-born Date of onset 2/20/37

Other contributory causes of importance:

Name of operation None Date of Feb 20 1937

What test confirmed diagnosis? exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Feb 20 1937

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 c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify M. H. Valt

(Signed) M. H. Valt M. D.

(Address) 709 Conly Bldg St. Joseph Mo

