

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

Do not use this space.

**FEB 24 1937**  
1. PLACE OF DEATH

**399  
1002**

**6340**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo. (No. Lakeside Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Clara May Bowen  
2209 Lister  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6-37 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Bowen

I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1937 to Feb 6th 1937  
I last saw her alive on Feb 6th 1937. Death is said to have occurred on the date stated above, at 11:45 PM m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1876

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 11 7

Double Lobar Pneumonia Date of onset 1/29/37  
Complicated by myo. Carditis

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 \_\_\_\_\_

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Willard Marsh

Name of operation Physicist + Lab. Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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

15. MAIDEN NAME Ester Osten

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. \_\_\_\_\_

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

17. INFORMANT Fred Bowen  
(ADDRESS) 2209 Lister, K.C. Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 9-37 1937

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

19. UNDERTAKER C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

If so, specify \_\_\_\_\_  
(Signed) Dr. Victoria A. Larys, D.D.  
(Address) 414 Belmont Bldg

20. FILED 2-9-37 M.M. Crow, asst Registrar.

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.

