

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 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francis

Registration District No. 775

File No. 7949

Township Boonville, Mo.

Primary Registration District No. 6020-A

Registered No. 24

City Boonville, Mo.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Boonville, Mo. 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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

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

Adeline Bowman

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

Dec-8-1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.

74

2

13

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

Retired

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)

Illinois

13. NAME

Isaac Bowman

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

Illinois

15. MAIDEN NAME

Sarah Williamson

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

Kentucky

17. INFORMANT
(ADDRESS)

Wm. W. Bowman
Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boonville, Mo. DATE 2/23 1937

19. UNDERTAKER
(ADDRESS)

Berryman & Sons
Boonville, Mo.

20. FILED Feb. 23 1937

N. W. Hawkins
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from

Jan 18 1937 to Feb 21 1937

I last saw him alive on Feb 20 1937. Death is said

to have occurred on the date stated above, at 1905A m.

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

Coronary thrombosis

Other contributory causes of importance

Cardio-renal disease

Name of operation None Date of _____

What test confirmed diagnosis? Report from 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? No

If so, specify _____

(Signed) N. W. Hawkins, M. D.

(Address) Boonville, Mo.

