MAR 25 1937

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

Do not use this space.

File No. 9049

Registered No.

1. PLACE OF DEATH
County Scott — Registration District No. 821
Township — Primary Registration District No. 4553
City Sikeston (No. Red Cross Emergency Hosp. St. Ward)

2. FULL NAME Laura Mae Bowman

(a) Residence, No. [redacted] Star Route St. Ward.
(Usual place of abode) New Madrid County (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 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) |
|---|---|---|
| F | W | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1922

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 14 | 2 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) present. 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickmon Kentucky

FATHER
13. NAME Owen Bowman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickmon Kentucky

MOTHER
15. MAIDEN NAME Augusta Tyler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis Illinois

17. INFORMANT (Father) Owen Bowman (ADDRESS) Gilbourn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo DATE Feb 13 1937

19. UNDERTAKER [illegible] (ADDRESS) [illegible] Mo

20. FILED 3-9 1937 Blue H. Brevell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1937 to Feb. 12 1937
I last saw her alive on Feb. 12 1937. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 1/1/37 |

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? no
If so, specify .....
(Signed) Geo. L. McDonald M. D.
(Address) Red Cross Emergency Hosp. Sikeston, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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