

MAY 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

29 County Dade
 Township Cape Girardeau
 City Greenfield, Mo (No. 1)

Registration District No. 137Primary Registration District No. 4144File No. 16165Registered No. 174

2. FULL NAME

(a) Residence, No. 3
(Usual place of abode)

Ward.

(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

Male

4. COLOR OR RACE

White

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

Married

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

Maud Bowman

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

Mar. 10-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7216

OCCUPATION

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

Farmer

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)

Kansas

FATHER

13. NAME

David C. Bowman

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

Ass.

MOTHER

15. MAIDEN NAME

Polly Cox

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. S. P. Bowman
Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pennsboro

DATE

Apr. 22, 1937

19. UNDERTAKER (ADDRESS)

J. W. Ward
Greenfield, Mo

20. FILED

5-101937Geo. S. New

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 21, 193722. HEREBY CERTIFY, That I attended deceased from 4-19-, 1937, to 4-19-, 1937I last saw him alive on 4-19-, 1937 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Myocardial Stenosis

Date of onset

8K

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

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. D. Combe, M. D.

(Address)

Lockwood, Mo

