

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

Do not use this space.

JUN 17 1937

19706

1. PLACE OF DEATH

17 County Carroll
Township Ridge
City Bombach (No.)

Registration District No. 134
Primary Registration District No. 5186

File No.
Registered No. 8
St. Ward

2. FULL NAME

Ruthie Ann Bowlware

(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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>7</u>	<u>10</u>	

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

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) Ohio

FATHER 13. NAME Assie Laugh

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

MOTHER 15. MAIDEN NAME Rachel Hall

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

17. INFORMANT Everet Goddard
(ADDRESS) 3406 E - 12th St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek cemetery DATE May 26 1937

19. UNDERTAKER Dwight J. Ellerbe
(ADDRESS) Bombach Mo

20. FILED May 26 1937 Mrs. Rose Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1937

22. I HEREBY CERTIFY That I attended deceased from May 24 1937 to May 25 1937
I last saw her alive on May 25 1937 Death is said to have occurred on the date stated above, at 7:20 Am.
The principal cause of death and related causes of importance were as follows:

Fracture neck of femur
thrombus or occlusion of coronary artery

Other contributory causes of importance:

Name of operation Amputation Date of May 25 1937
What test confirmed diagnosis Amputation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 25 1937
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall
Nature of injury fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) D. Ross Brown M. D.
(Address) Bombach Mo

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.

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