

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City No. 3210 1/2 East 15th Street. St. _____ Ward _____

File No. 22723
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Mrs. Jennie Elizabeth BOWMAN.
 (a) Residence, No. 3210 1/2 East 15th St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Mr. M. J. Bowman.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st, 1872
 7. AGE YEARS 64 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Birdeshaw

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. M. J. Bowman.
 (ADDRESS) 3210 1/2 East 15th.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 6/7/37. 19.

19. UNDERTAKER Melody-McGilley.
 (ADDRESS) K. C. Mo.

20. FILED June 9, 1937 M. M. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937.

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1937.
 I last saw him/her alive on _____, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
94B
 Other contributory causes of importance:
Hypertension
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

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? _____
 If so, specify _____
 (Signed) M. M. Cronin, M. D.
 (Address) 1034 Reatto Ave

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.

JUL 19 1957