

AUG 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PemiscotRegistration District No. 65-1Township CourthamvillePrimary Registration District No. 4888City Courthamville (No. 1)File No. 27994Registered No. 77St. Mo. Ward 12. FULL NAME Jorge Franklin Bowman(a) Residence, No. 1

(Usual place of abode)

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie Jane Bowman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 4 - 1870

7. AGE

66

YEARS

7

MONTHS

8

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home10. Date deceased last worked at this occupation (month and year) 193411. Total time (years) spent in this occupation 1812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ind

FATHER

13. NAME William H. Bowman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Mollie Dillion16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) C. B. Tillman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Cemetery DATE 7-18-193719. UNDERTAKER (ADDRESS) H. Smith20. FILED July 15 1937Registrar Uda Martin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 193722. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to July 12, 1937I saw him alive on July 12, 1937. Death is saidto 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:

Date of onset July 10 1937Cerebral Hemorrhage
Arteriosclerotic degeneration

Other contributory causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis? Pathol. Exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Castle(Address) Courthamville Mo

M. D.

Uda

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2004-2-19-36
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