SEP 21 1937

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

Do not use this space.

29715

File No.

Registered No. 3577

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No. 399

City KANSAS CITY (No. 3814, PASEO 1002 St. Ward)

2. FULL NAME MRS. POCOHONTAS BOWMAN

(a) Residence, No. 3814 PASEO St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 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) |
|---|---|---|
| FE. | WH. | WIDOWED |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15 - 1866

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 6 | 26 | |

OCCUPATION

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) (STATE OR COUNTRY) BRUNSWICK MO-

FATHER

13. NAME CHARLES HAMMOND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WELLSBURG W. VIRGINIA

MOTHER

15. MAIDEN NAME POCOHONTAS CABELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRUNSWICK MO-

17. INFORMANT (ADDRESS) WINSTON H. BOWMAN 3814 PASEO

18. BURIAL, CREMATION, OR REMOVAL PLACE BRUNSWICK, MO DATE AUG. 12 1937

19. UNDERTAKER (ADDRESS) D. W. NEWCOMERS SONS 3Cs Paseo

20. FILED 8-11 1937 M. M. Crow, dep. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1935, to Aug. 10th, 1937

I last saw her alive on Aug. 10th, 1937. Death is said to have occurred on the date stated above, at 2:30A m.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| 8 22 1 | |

Other contributory causes of importance:

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? No.

If so, specify .....

(Signed) James D. Smith M. D.

(Address) 318 Professional Bldg. Kansas City, Mo.

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.

I X9314