

SEP 17 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County DeKalbTownship Camden GrantCity Maysville, R.F.D. (No. 1)Registration District No. 264Primary Registration District No. 5367File No. 30555

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME George A. Bowles

(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

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 OFMary Anne Bowles6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1863.

## 7. AGE

YEARS 73MONTHS 7DAYS 7If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. 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)Hardin County  
Kentucky

## FATHER

## 13. NAME

W. M. Bowles14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky

## MOTHER

## 15. MAIDEN NAME

Margaret Wortham16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky17. INFORMANT  
(ADDRESS)Mrs. Anna Bowles  
Maysville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Wood Cem.DATE 7/16/3719. UNDERTAKER  
(ADDRESS)U. G. Pilcher  
Maysville, Mo.

## 20. FILED

Aug. 19, 1937 Mrs. Keasler Sharp  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 193722. I HEREBY CERTIFY, That I attended deceased from  
July 1, 1937, to July 15, 1937I last saw him alive on July 15, 1937. Death is said  
to have occurred on the date stated above, at 4:40 P.M.

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

Chronic Endocarditis

Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 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) E. F. Waters(Address) Maysville Mo.

M. D. R.

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.

THIS IS A PERMANENT RECORD

