

NOV 18 1937

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

Do not use this space.

36867

1. PLACE OF DEATH Jackson
 County Kaw Registration District No. 399
 Townshp. Kansas City Primary Registration District No. 1002
 City Kansas City (No. 3343 Wayne) St. _____ Ward _____

2. FULL NAME Thomas E. BOWEN
3343 Wayne Ave.
 (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 31 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st. 1860.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>77</u>	<u>3</u>	<u>24</u>	

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

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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME John Bowen

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

15. MAIDEN NAME Jane Irwin

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

17. INFORMANT Mr. Matt Bowen
(ADDRESS) 3343 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Indep DATE Mo. Oct. 27

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

20. FILED Oct 26 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 85 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 25, 1937
 I last saw him alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia lobar
SB
Epithelioma of l. hand and axilla (glands)
 Date of onset 10-19-37
 Other contributory causes of importance: Oct 1 1936
Epithelioma of l. hand and axilla (glands)

Name of operation NONE Date of _____
 What test confirmed diagnosis? clinical 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) Frank B. Wallace M. D.
 (Address) 703 Lathrop Bldg

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.

WALLACE

ROMANY, RD.