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.

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

NOV 17 1937

Do not use this space.

1. PLACE OF DEATH
County Greene
Township 2nd Jackson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 944
Primary Registration District No. 5447 B

File No. 37740
Registered No. 17

2. FULL NAME Hattie V. Bowland

(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 19 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Calvin Bowland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1869

7. AGE: 68 YEARS, 7 MONTHS, 4 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1937-August
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

FATHER
13. NAME: Alfred Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XX

17. INFORMANT (ADDRESS): Calvin Bowland R. F. D. #3, Strafford, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE Oct. 22, 1937

19. UNDERTAKER (ADDRESS): Bex Lawey Marshfield Mo.

20. FILED 11-2, 1937 Clyde R. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1937, to Oct. 20, 1937
I last saw her alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/6/37
Arterial Sclerosis	?
Myocardial regeneration	?

Other contributory causes of importance: 93C

Name of operation ..... 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) R. H. Foehl M.D., M. D.
(Address) Strafford Mo