

DEC 2 1193

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

Do not use this space.

41663

## 1. PLACE OF DEATH

County Johnson  
Township Madison  
City Holden

Registration District No. 427Primary Registration District No. 4253

File No. \_\_\_\_\_

Registered No. 43

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Fox Bowman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 7-1860</u>		
7. AGE <u>77</u>	YEARS <u>7</u>	MONTHS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>
	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)  
Missouri13. NAME  
Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown15. MAIDEN NAME  
Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown17. INFORMANT  
(ADDRESS)  
B. E. Bowman  
Holden Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Holden Cemetery DATE Nov 14 193719. UNDERTAKER  
(ADDRESS)  
W. E. Bowman  
Holden Mo20. FILED Nov 15 1937 M. B. W. Redford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 193722. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937 to Nov 11 1937I last saw him alive on Nov 6 1937 Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Gastric ulcer1110

Other contributory causes of importance:

Heart weakness  
or failingName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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. L. Giff, M. D.  
(Address) Holden Mo

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.

