

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

4297
 Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
 (b) Township _____ Primary Registration District No. 4553 Registered No. _____
 (c) City Sikeston (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Estes Bowman 550

(a) Residence, No. Sikeston, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 W. C. Bowman (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febry 1, 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 11 4

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

12. BIRTHPLACE (CITY OR TOWN) Hollinger County 6
 (STATE OR COUNTRY) Missouri 9

FATHER 13. NAME Joseph Estes 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lavina Limbaugh
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT W. C. Bowman
 (ADDRESS) Sikeston, Missouri

18. BURIAL ~~CREMATION OR BURIAL~~
 PLACE Sikeston, Mo. DATE Jan. 7, 1938
Mausoleum

19. FUNERAL DIRECTOR H. J. Welsh
 (ADDRESS) Sikeston, Mo.

20. FILED File 4 38
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from man, 1936, to Jan 5 - 38
 I last saw her alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 12:45 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
(Arteriosclerosis)
 Date of onset 1936
 Other contributory causes of importance: AS

Name of operation _____ Date of _____
 What test confirmed diagnosis Chromal 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? _____
 If so, specify Howard Mundy, M. D.
 (Signed) _____ (Address) Sikeston 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

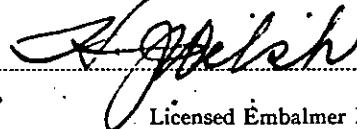
I, H. J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. 3704

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 774

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)