

DEC'D MAR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Douglas  
Township Benton  
City Ava, Mo. (No. ....)

Registration District No. 272  
Primary Registration District No. 5329

File No. 6613  
Registered No. 187  
St. .... Ward

## 2. FULL NAME

Sara Alice Bowman 5719

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur C. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 9 25

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.  
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) Ozark Co. Mo.

13. NAME Chas. E. Meeker

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

15. MAIDEN NAME Elsie Mackey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co. Mo.

17. INFORMANT Mrs. R. W. Meeker (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava Mo DATE 2-26 1938

19. UNDERTAKER C. V. Clendinning Broad (ADDRESS) Ava Mo

20. FILED 3-10 1938 Henry Brooks Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Feb 19, 1938

I last saw her alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 10 P m.

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

Chronic Nephritis Date of onset Sept 1937

Other contributory causes of importance:

Arteriosclerotic Hypertension  
Cardiac Hypertrophy

Name of operation None Date of

What test confirmed diagnosis? None 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. M. Norman, M. D.  
(Address) Ava Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

