

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.

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

22522

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON

(b) Township

(c) City NEOSHO

(d) Street No.

SALE-BOWMAN HOSPITAL

(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

THOMAS HARRY BOWMAN

(a) Residence, No.

NEOSHO, MO.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)WIDOWED5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSARAH BOWMAN6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOT KNOWN

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.ABOUT 86

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.CONTRACTOR9. Industry or business in which work
was done, as saw mill, bank, etc.BUILDING10. Date deceased last worked at
this occupation (month and
year)UNK.11. Total time (years)
spent in this
occupation30 YR12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)VIRGINIA

FATHER

13. NAME

NOT KNOWN14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)NOT KNOWN

MOTHER

15. MAIDEN NAME

NOT KNOWN16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)NOT KNOWN17. INFORMANT
(ADDRESS)NEOSHO, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

GIBSON CEMETERY

DATE

6/16/3819. FUNERAL DIRECTOR (NAME)
(ADDRESS)THE BIGHAM MORTUARY
NEOSHO, MO.

20. FILED

6-14 1938Donald SalemLocal Registrar

Registration District No.

609

Primary Registration District No.

4343Registered No. 70550

MEDICAL CERTIFICATE OF DEATH

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

June 14, 193822. I HEREBY CERTIFY, That I attended deceased from
May 1, 1938 to June 14, 1938I last saw him on June 14, 1938 Death is said
to have occurred on the date stated above, at 12:35 A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic interstitial ne- About
phritis, chronic endo-carditis 2 yrs.

Other contributory causes of importance:

Senility

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

None

Date of injury

Where did injury occur?

None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

543

(Address)

Neosho, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

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

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.