WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D AUG 26 1938

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

Do not use this space.

26759

1. PLACE OF DEATH
County Warren — Registration District No. 881
Township Elk Horn — Primary Registration District No. 6171
File No. — Registered No. 21
City — (No. — St. — Ward)

2. FULL NAME Joey Louise Bowman (Hellbarn) 550

(a) Residence, No. — St., — Ward. — (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: No — Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1938

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
0	0	0	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

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) R#3 Warrenton Mo 0

FATHER

13. NAME W. H. Bowman 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co, Mo. 0

MOTHER

15. MAIDEN NAME Elena Welch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sammerville Mo.

17. INFORMANT (ADDRESS) Mrs J. H. Bowman R#3 Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadowview Cem DATE July 20, 1938

19. UNDERTAKER F. W. Wiebking Son
(ADDRESS) Warrenton Mo.

20. FILED July 19, 1938 A. W. Wiebking
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 Known, 19

22. I HEREBY CERTIFY, That I attended deceased from July 17 at A.M., 19 38 to July 19, 19 38
I last saw her alive on July 17, 19 38 Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	

Other contributory causes of importance:

Name of operation — 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? — 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) H. J. Clarenbach, M. D.
802 (Address) Wright City Mo