REG'D SEP 27 1938

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

Do not use this space.

File No. 28579

Registered No.

1. PLACE OF DEATH

County: Carter — Registration District No. 143

Township: Carter — Primary Registration District No. 5205

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Loyd Arnold Bowen, 5-0

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th, 1928-

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	2	12	

OCCUPATION

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

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) Ellington, Mo. 0

FATHER

13. NAME Tymon Lee Bowen, 0

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

MOTHER

15. MAIDEN NAME Melvina Camden,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington, Mo.

17. INFORMANT (ADDRESS) Tymon Bowen, Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE House Creek C. DATE 8-7- 1938

19. UNDERTAKER (ADDRESS) Croy-Louckel Van Buren, Mo.

20. FILED Aug. 7th 1938 W. Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 A.m.

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

Accidental drowning-
While bathing in Current River, 1 mile east of Van Buren, Mo.

Other contributory causes of importance: 18

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) W. Sutton, M. D.

135 (Address) Van Buren, Mo. -Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.