

REC'D SEP 28 1938

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

Do not use this space.

29884

1. PLACE OF DEATH

County St Charles
Township Dardenne
City O'Fallon (No.)

Registration District No. 460 B
Primary Registration District No. 6001

File No.
Registered No. 54
St. Ward)

2. FULL NAME

Mrs. Mary M. Bowman 556
(a) Residence, No. O'Fallon St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bowman deceased

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1862

7. AGE YEARS 76 MONTHS — DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house work
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) St Charles Co. Mo

13. NAME Peter Cammeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Mo

15. MAIDEN NAME Judith

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

17. INFORMANT Lucile Bowman (ADDRESS) O'Fallon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE O'Fallon Mo. DATE Aug 21, 1938

19. UNDERTAKER E. A. Keighly (ADDRESS) O'Fallon Mo.

20. FILED Aug 21, 1938 E. A. Keighly Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Aug 18, 1938

I last saw him alive on Aug 18, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

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

Bi-lateral bronchitis Date of onset 1938
Old tuberculous lungs 1920

Other contributory causes of importance: Myocarditis
Age infirmities

Name of operation Date of 1730

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? No

If so, specify (Signed) Nicholas J. Honich! M. D.

(Address) O'Fallon, Mo.

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

