

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

Do not use this space.

REC'D DEC 16 1938

1. PLACE OF DEATH

County St. Clair
Township Speedwell
City Speedwell (No. 1)

Registration District No. 769
Primary Registration District No. 6053-

File No. 40204
Registered No. 10

2. FULL NAME

(a) Residence, No. 5514 Mary Elizabeth Bowman 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Bowman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 1860</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5-</u>
	DAYS <u>5-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>H. wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) <u>"</u>	
	11. Total time (years) spent in this occupation <u>"</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton County Mo.</u>		
FATHER	13. NAME <u>J. H. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Floyd Bowman</u> (ADDRESS) <u>Speedwell City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>Nov 30 1938</u>		
19. UNDERTAKER <u>Lute Lewis & Son</u> (ADDRESS) <u>"</u>		
20. FILED <u>Nov 29 1938</u> <u>Mrs J. W. Richardson</u> Registrar. <u>190</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1938, to 11-27, 1938
I last saw her alive on 11-25, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Used 3 sticks in Blue Mouth
Other contributor causes of importance: Unknown

Name of operation NO Date of
What test confirmed diagnosis? Edley College Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury , 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify NO
(Signed) J. W. Richardson, M. D.
(Address) Speedwell

RECEIVED

District Health Officer No.

District File Number 7-38-46

Date Filed 12-6-38