REC'D JAN 18 1939

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

42838
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper — Registration District No. 218
(b) Township — Primary Registration District No. 3015 — Registered No. 114
(c) City Boonville, (d) Street No. St. Joseph, Hospital St.
(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 55½ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Ida Bowman
(a) Residence, No. R.F.D. # 2 Armstrong, Mo. St. Armstrong Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Sam M. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1873

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 | 2 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as 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) Howard County Missouri

FATHER
13. NAME Green Crowley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Missouri

MOTHER
15. MAIDEN NAME Sarah Roseberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Missouri

17. INFORMANT (ADDRESS) Mrs. J.W. Herring Pekin 2nd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge DATE Dec. 15, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.D. Shirley Boonville Mo

20. FILED Dec 15, 1938 D.E. Hooper Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-8-38, 19..., to 12-13-38, 19...
I last saw her alive on 12-13-38, 19... Death is said to have occurred on the date stated above, at 8.20 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| broncho-pneumonia | 12-1-38 |
| (streptothrix) | |
| (only organism in sputum) | |
| hypertensive heart disease | 1935 |
| Other contributory causes of importance: | |
| old age | |

Name of operation none Date of
What test confirmed diagnosis? x-ray chest 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) A.C. Ramey, M. D.
(Address) Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
Date Filed 1/3/39
District File Number

## 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, L. J. Mueller

_____, or by _____

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

Signed L. J. Mueller

Licensed Embalmer No. 2237

P. O. Address 800 Main St

**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.**