Dr. Allen

REC'D JAN 13 1939

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

Do not use this space.

File No. 44263

Registered No. 1

1. PLACE OF DEATH
County Randolph Registration District No. 759
Township Cairo Primary Registration District No. 5463
City Cairo, Mo (No. ..... St. ..... Ward)

2. FULL NAME Raymond Eugene Bowden

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1917

7. AGE: Years 21 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cairo, Mo

FATHER
13. NAME John Bowden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo

MOTHER
15. MAIDEN NAME Alta Patrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo, Mo

17. INFORMANT John Bowden
(ADDRESS) Cairo, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Prairie DATE 12-31 1938

19. UNDERTAKER Tipton
(ADDRESS) Moberly, Mo.

20. FILED Jan 10 1939 Dr J. P. Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Dec 28, 1939
I last saw him alive on Dec 28, 1939. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23	

Other contributory causes of importance:
Brother died five years ago with same trouble

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? No
If so, specify .....

(Signed) John P. Allen, M. D.
(Address) Cairo, Mo.

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.