

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.

1939 FEB 21 1939

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

Do not use this space.

1996

File No. _____
Registered No. 5 _____
St. _____ Ward) _____

1. PLACE OF DEATH

24 County Clay Registration District No. 198
2 Township Freshwater River Primary Registration District No. 3011
1 City Excelsior Springs (No. _____ St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 403 Excelsior St., _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs Ida. Bowman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 - 1862</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>0</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>		
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. <u>26</u>		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woodford Co. Ky.</u>
	13. NAME <u>E. J. Bowman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woodford Co. Ky.</u>
	15. MAIDEN NAME <u>Louisa Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

17. INFORMANT (ADDRESS) <u>John W. Bowman</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Excelsior Springs Mo</u> DATE <u>Jan 11, 1939</u>
19. UNDERTAKER (ADDRESS) <u>Excelsior Springs Mo</u>
20. FILED <u>Jan 10, 1939</u> <u>Excelsior Springs Mo</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939
22. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1938 to Jan 9, 1939
I last saw him alive on Jan 9, 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
due to Chronic
Asthma
112

Other contributory causes of importance:

Cold, & Age
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) John F. Grace M. D.
(Address) Excelsior Springs Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/39