

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Butter
Township Ash Hill
City 500 (No. _____)

Registration District No. 925
Primary Registration District No. 5134C

File No. 10242
Registered No. _____
St. _____ Ward _____

2. FULL NAME Leota Bowen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Butter Co Mo (STATE OR COUNTRY) 0

FATHER
13. NAME Lou Bowen 1
14. BIRTHPLACE (CITY OR TOWN) Holderge Neb (STATE OR COUNTRY) 0

MOTHER
15. MAIDEN NAME Velma Dayberry

16. BIRTHPLACE (CITY OR TOWN) Houston Mo (STATE OR COUNTRY) 0

17. INFORMANT Len Bowen (ADDRESS) Frank mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vale Cemetery DATE Apr 4 1939

19. UNDERTAKER Marshall S. Shain (ADDRESS) _____

20. FILED April 10 1939 May Adams (Address) 9125 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr to Mar 31, 1939, to Apr 3 1939. I last saw her... alive on Apr 3 1939. Death is said to have occurred on the date stated above, at 7.30 AM. The principal cause of death and related causes of importance were as follows: Enteritis

Other contributory causes of importance: _____

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? _____
If so, specify _____ (Signed) R. F. Farpley, M. D.

(Signed) R. F. Farpley, M. D. (Address) Frank

