

REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11368

1. PLACE OF DEATH

County Lawrence

Township

City Mt. Vernon

Registration District No.

Primary Registration District No.

Missouri State Sanatorium

File No.

Registered No.

St.

Ward)

2. FULL NAME James Bowman

(a) Residence, No. Higbee, Missouri

Length of residence in city or town where death occurred

St.

Ward.

(If nonresident, give city or town and State)

yrs. 7 mos. 24 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)

Nov. 11, 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

33

3

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fireman

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) 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Elliot

Missouri

FATHER

13. NAME William Bowman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Scotland

MOTHER

15. MAIDEN NAME

Agnes Ballentine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Scotland

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Higbee, Mo.

DATE

March 8, 1939

19. UNDERTAKER (ADDRESS)

Fassett Funeral Home Mt. Vernon, Mo.

20. FILED March 5, 1939

A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 5

19

39

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to March 5, 1939.

I last saw him alive on March 5th, 1939. Death is said

to have occurred on the date stated above, at 12:10 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset 1936

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? Sputum 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)

(Address)

P. H. Stacker M. D. Mt. Vernon Mo.

WRITE PLAINLY, WITH UNDOING. 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.

9-1 X314

RECEIVED

District Health Officer No. 6,

District File Number 6-39-740

Date Filed APR 6 1955

AUG 12 1954