

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

Do not use this space.

REC'D APR 18 1939

1. PLACE OF DEATH

93 County St Clair
 Township Osage
 City _____ (No. _____)

Registration District No. 764
 Primary Registration District No. 6002

File No. 12113
 Registered No. _____ St. _____ Ward _____

2. FULL NAME 257 James Willey 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/19/1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 7 26

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) Cedar County Mo

13. NAME Aron Bowden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Mo

15. MAIDEN NAME Mary Ring

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

17. INFORMANT (ADDRESS) Charles W. Bowden Rockville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yale Okla DATE 1/17/39

19. UNDERTAKER (ADDRESS) F. E. Goodrich Roscoe Mo

20. FILED March 17 1939 James Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/39 19

22. I HEREBY CERTIFY That I attended deceased from Mar 3, 1939, to Mar 15, 1939
 I last saw him alive on Mar 15, 1939 Death is said to have occurred on the date stated above, at 11 P.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:
Severe nose Bleeding
Mar 3-39

Name of operation None Date of _____
 What test confirmed diagnosis? Clin. Diag. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify No

(Signed) J. W. Richardson, M. D.
 (Address) Office 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.

RECEIVED

District Health Officer No. 7,

District File Number

1-39-531

Date Filed

4-12-39