

CEED MAY 16 1939

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

14150

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township McDonald Primary Registration District No. 5045A
(c) City Route 2, Purdy, Mo. Registered No. 16
(d) Street No. Route 2, Purdy, Mo. St. Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 550 Nellie P. Bowman St. Barry County, Mo.
(Usual place of abode if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Oscar J. Bowman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1893
7. AGE YEARS 45 MONTHS 10 DAYS 0 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as saw mill, bank, etc. Invalid
10. Date deceased last worked at this occupation (month and year) 2 yrs
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Mo.

13. NAME T. H. Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

15. MAIDEN NAME Harriet A. Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT Oscar Bowman (ADDRESS) Route 2, Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmis Cemetery DATE 4/24/39

19. FUNERAL DIRECTOR (NAME) North Funeral Home (ADDRESS) Cassville, Mo.

20. FILED April 27, 1939 Donald B. Blankenship Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY That I attended deceased from Occasional 1936 to Apr 22 1939
I last saw her alive on Apr 20 1939 Death is said to have occurred on the date stated above, at 5:40 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer Date of onset

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
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) B. B. Barnes, M. D.

Purdy, Mo.

538
RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-952

Date Filed MAY 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Rufus J. Miller

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Barry

Registration District No. 31

(b) Township

Primary Registration District No. 50-25-A

(c) City

(d) Street No. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

Nellie P. Boutman

(a) Residence, No. 4

(Usual place of abode, if no street address, write county or city)

St. 4

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

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

45-10-0

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

19

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1939

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Cerebral Right Meningeal Glau.

Other contributory causes of importance: 50

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) B. B. Kelley, M. D.

(Address) Purdy

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

