

REC'D MAY 17 1939

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

14334
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85

(b) Township Washington Primary Registration District No. 1001 Registered No. 457

(c) City St. Joseph (d) Street No. MO. METHODIST HOSPITAL 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.
452 $\frac{1}{2}$ HOUR

2. PRINT FULL NAME MRS. FLORENCE BOWLING

(a) Residence, No. SAVANNAH MO. St. Savannah 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1913

7. AGE YEARS 25 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

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

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) MAITLAND MO (STATE OR COUNTRY)

FATHER 13. NAME JOSEPH COYLE

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

MOTHER 15. MAIDEN NAME BESS FOLEY

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

17. INFORMANT FRANCIS COYLE (ADDRESS) SAVANNAH MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH MO. DATE MAY-1- 1939

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

20. FILED 129 39 H. H. Nettles 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to April 29, 1939. I last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 10:45 A.M.

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

1. Eclampsia
2. Decompensating Heart
(a) Mitral Stenosis

Date of onset 3-28-39

Other contributory causes of importance:

1. Edema
2. Hypostatic Pneumonia
3. active congestion of lungs

Name of operation None Date of

What test confirmed diagnosis Clinical 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) Robert B. Kelley, M. D.
(Address) Savannah Mo.

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

1 X12004

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14334
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township..... Primary Registration District No. 1001 Registered No. 457
(c) City, St Joseph (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 Mrs. Florence Bowling

(a) Residence, No. St. (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with 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.
25 6 17

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)

13. NAME

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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 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:

Eclampsia - puerperal
Decompensating Heart
with Stenosis
Date of onset 146
Other contributory causes of importance: Edema,
Hypostatic Pneumonia
Arterial Congestion of Lungs.

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 Gilbert B Kelley, M. D.
(Signed) Sawannah
(Address)

SUPPLEMENTARY

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

1-11224

