MAY 15 1939

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

Do not use this space.

File No. 14845

Registered No. 19

Registration District No. 313

Primary Registration District No. 5432

1. PLACE OF DEATH
County Gentry
Township Miller
City ..... (No. ....., ..., St. ..... Ward)

38

2. FULL NAME 550 Elisha Bowman

(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 Ina P. Thatcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1867

7. AGE: Years 72 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Gentry County (STATE OR COUNTRY) Mo.

FATHER

13. NAME Andrew J. Bowman

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

MOTHER

15. MAIDEN NAME Mary Jane Dicks

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

17. INFORMANT Bolden Bowman
(ADDRESS) Darlington, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE May 3, 1939

19. UNDERTAKER Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILED May 3, 1939 Nora Motherhead, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to May 1, 1939

I last saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Cerebral Hemorrhage	
	1939

Other contributory causes of importance: Stroke

Name of operation None Date of .....

What test confirmed diagnosis? No 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) J. N. Barker M.D., M. D.

(Address) Albany 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 [illegible] No [illegible]
District File Number 39-432
Date Filed MAY 4 1939