

FILED MAY 16 1940

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

Do not use this space.

16315

1. PLACE OF DEATH

County Stone.
Township Pine.
City 570 (No. 570)

Registration District No. 1033.
Primary Registration District No. 6113.

File No. 16315
Registered No. 16315
St. 16315 Ward 16315

2. FULL NAME

Elvia N. Bowman.

(a) Residence, No. Stone Co. Mo.
(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 Married.
HUSBAND OF Emily A. Bowman.
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 16

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) Missouri.

13. NAME Gip Bowman.

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

15. MAIDEN NAME Jane Ann Cosolow.

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

17. INFORMANT Lee McPherson.
(ADDRESS) Point Lookout, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler Cemetery DATE April 15, 1940

19. UNDERTAKER "None"
(ADDRESS)

20. FILED April 15, 1940 B. D. Scott,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1940

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 1:35 P.m.

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

"Unknown"

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....., 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 E. E. Miller
(Signed) E. E. Miller M. D.

(Address) Blue Eye, 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 im-

RECEIVED

District Health Officer No. 6,

District File Number 540-1324

Date Filed MAY 14 1940