

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.

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15141

1. PLACE OF DEATH

County Pulaski
 Township Union
 City Dixon

Registration District No. 290Primary Registration District No. 5987

File No. _____

Registered No. 51

St. _____

Ward) _____

2. FULL NAME Mary Susan 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

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

George Bowman

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

3/25/1881

7. AGE

YEARS

62

MONTHS

0

DAYS

17

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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

Housewife

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

FATHER

13. NAME William Alec Gilbert14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME Jane Goleanor16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

17. INFORMANT
(ADDRESS)

George Bowman

Dixon, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Burial

43

PLACE DixonDATE 4/14

19

19. UNDERTAKER
(ADDRESS)

Fred H. Gilbert

Dixon, Missouri

20. FILED 4-17-

1943

Chas McLeod
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12, 194322. I HEREBY CERTIFY, That I attended deceased from
March 21, 1943, to April 7, 1943I last saw him alive on April 7, 1943 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:

Carcinoma Recto Sigmoid
intestine

Date of onset

Other contributory causes of importance:

Name of operation Proctectomy Date of 2/4/43

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) Dr. K. W. McErgen M.D.(Address) Dixon, Mo

RECEIVED

Pulaski County Health Officer

File Number 45-43-50

Date Filed 5-5-43

MAY 20 1943