

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

Do not use this space.

852

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.

**FEB 21 1928**

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 7  
St. .... Ward)

**2. FULL NAME** Louis H. Bowman

(a) Residence. No. Leas E Jeff St. .... Ward. ....

(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**

M

**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**

Mrs L H Bowman

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

Sept 2 1852

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>1</u>	<u>14</u>	<u>—</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Penn

**10. NAME OF FATHER**

Henry Bowman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14. INFORMANT** Mrs L H Bowman  
(Address) Clinton Mo

**15. FILED** Jan 16 1928 Dr E C Peelar  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 16 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Jan 10 1928, to Jan 16 1928, and that I last saw him alive on January 16 1928, and that death occurred, on the date stated above, at 6:00 m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Arterio Sclerosis

94A 89  
97 (duration) do not know yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Angina Pectoris  
(duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) S. W. Holzer M. D.

, 19 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Englewood Cemetery **DATE OF BURIAL** Jan 17 1928

**20. UNDERTAKER** Skorsson **ADDRESS** Clinton Mo

