

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

Do not use this space.

21472 2607
393

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township 3406 Colman Precinct Registration District No. 300
 City Marion Mo (No. 3406 West Colman St. _____ Ward)

2. FULL NAME

Richard Bowen
 (a) Residence. No. 3406 West Colman St. _____ Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Bowen
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1839
 7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
90 0 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Ret 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) England

10. NAME OF FATHER Job Bowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Elybeth Tulap

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Elybeth Pickensugh
 (Address) Clinton Mo

15. FILED 6/14 27 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 19 27
 17. I HEREBY CERTIFY That I attended deceased from Apr 27 1928, to June 11th 1929
 that I last saw ~~him~~ her alive on June 4 2008 1929, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis
131
132 B (duration) 1 yrs 2 mos. 0 ds.
 CONTRIBUTORY Uræmic Coma
 (SECONDARY) (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 129 W

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Micro symptoms
 (Signed) W. C. Byrnes, M. D.
6/11 1927 Address 3406 West Colman

*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 Clinton Mo DATE OF BURIAL 6/14 19 27

20. UNDERTAKER E. R. George Sons ADDRESS Bellvue 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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