

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

Do not use this space.

39835

1. PLACE OF DEATH  
 County Henry Registration District No. 14  
 Township X Primary Registration District No. 4361  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Richard James Bowen  
 (a) Residence, No. 303 E. Florence St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 33 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 Ella Fryer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>1</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Rt. Coal Mine Operator

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) Lewis (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Bowen

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Ella Bowen (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE 12-31-33 19. \_\_\_\_\_

19. UNDERTAKER Windsor, Mo. (ADDRESS) \_\_\_\_\_

20. FILED Dec 31, 1933 H. Jennings Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. Last saw him alive on Dec. 30, 1933 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:  
Result of Pistol Shot Wound in Brain from a 32 gauge weapon.

Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury Dec. 30, 1933  
 Where did injury occur? at his residence in Windsor, Henry Co., Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In his house  
 Manner of injury Shot with a Pistol.  
 Nature of injury Bullet went in right forehead and passed upward to left top of head.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Jennings, Coroner  
 (Address) Windsor, Missouri

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.

JAN 26 1934

