

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

Do not use this space.

36619-B

**1. PLACE OF DEATH**

County Chariton  
 Township Keytesville  
 City .....

Registration District No. 171  
 Primary Registration District No. 5237

File No. ....  
 Registered No. 2  
 St. .... Ward)

**2. FULL NAME**

James A. Bowen  
 County Inf. St. .... Ward. ....

(a) Residence. No. .... 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
63 | 0 | 26 | 0 | 0

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Mo.

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Rogers  
 (Address) Keytesville Mo.

15. FILED Nov 8 1929 Zella Sneed  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7, 1929

17. I HEREBY CERTIFY That I attended deceased from 6-15-1928 to 11-2-1929 that I last saw him alive on 11-2-1929, and that death occurred, on the date stated above, at 9-10-1929

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Tuberculosis  
32B

CONTRIBUTORY (SECONDARY) 37B

18. WHERE WAS MARRIAGE 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? physical and X-rays  
 (Signed) W. B. Williams, M. D.  
 , 19 (Address) Keytesville

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Summer Mo. Nov 9<sup>th</sup> 1929

20. UMBERTAKER W. Kerrings ADDRESS Keytesville Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

36619-B

26

31

