NOV 21 1930

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

Do not use this space.

File No. 32033

Registered No.

1. PLACE OF DEATH
County: Andrain
Township: Sadlung
City: (No. , St. Ward)
Registration District No. 79
Primary Registration District No. 3036

2. FULL NAME: Velma Lucio Bowne
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sadlung Twp
(STATE OR COUNTRY) Andrain Co.

PARENTS
10. NAME OF FATHER A.C. Bowne
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Teeters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Lou Bowne
(Address) Centralia Mo

15. FILED 11/1, 1930 E. R. Gentry REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10-1930, 19..., to Oct-31-1930, that I last saw h... alive on Oct 12-1930, and that death occurred, on the date stated above, at 2:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arthritis Deformans
5 yr
1530
(duration) 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection from bed sores
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. T. Hickerson, M. D
Oct 31, 1930 (Address) Centralia 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: Abbeliman Chapel Cem
DATE OF BURIAL: Nov 2 1930

20. UNDERTAKER: M. X. McDonald
ADDRESS: Centralia

CAUSE OF DEATH in plain terms ... may be properly classified. Exact statement of OCCUPATION is very important.