

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

Do not use this space.

41172

1. PLACE OF DEATH

County Jackson
Township Kaw
City Hannover City (No. 3528)

Registration District No. 385
Primary Registration District No. 1002

File No. 5601
Registered No. 5601
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3528 Edell 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>9</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) (STATE OR COUNTRY) Missouri

13. NAME John Van

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Nancy Kyrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Edna Devenea
3528 Edell

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnett Mo DATE Dec 31

19. UNDERTAKER (ADDRESS) Northwestern Service Co.
R. C. Mo.

20. FILED 12/30, 1931 M. M. Carroll Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Dec 19, 1931

I last saw her alive on Dec 18, 1931 Death is said to have occurred on the date stated above, at 12:10 p. m.

The principal cause of death and related causes of importance were as follows:
82A

97 Cerebral Hemorrhage

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) W. H. H. H. H. H., M. D.
(Address) 114 med city bldg.

WHITE PRINT, 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.

