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.

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

Do not use this space.

16215

File No. 2038

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No.

City KANSAS CITY (No. 3519, OLIVE St. Ward)

2. FULL NAME MRS. ANNA C. BOWSHER

(a) Residence, No. 3519 OLIVE St., 13 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: FEMALE

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 H. CLAY BOWSHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-11-1850

7. AGE: Years 81 | Months 6 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) HONINER (STATE OR COUNTRY) OHIO

FATHER

13. NAME JOHN P. COLLINS

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

MOTHER

15. MAIDEN NAME MARIAN STEWARD

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

17. INFORMANT MRS. HORTENSE L. WARD
(ADDRESS) 3519 OLIVE ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MAY-23, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 5/21, 1932 M. M. Evans
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to May 20, 1932

I last saw her alive on May 19, 1932. Death is said to have occurred on the date stated above, at 4:00 A.m.

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

	Date of onset
Broncho-Pneumonia.	5/12/32
Chronic Cardiac Disease	
9 yr	
1 yr	
1 mo	

Other contributory causes of importance:
Old age

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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) Eldred E. Welch, M. D.

(Address) 652 Board of Trade

No. 6 Cared 6. Mitch
652 Board of Trade
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