

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

Do not use this space.

25494

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1. PLACE OF DEATH

County Buchanan
Township
City St Joseph Mo. (No. 2425 North 15th)

Registration District No. 1001
Primary Registration District No.

File No. 841
Registered No. 841
St. _____ Ward

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Davis City Iowa
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Daboy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 19, 1870</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>11</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓ 255</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middletown Indiana</u>	
	13. NAME <u>Henry Bowman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Jennie Sibley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Josephine West St. Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Davis City Ia</u> DATE <u>Sept 27, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Edeman Funeral Home, St. Joseph, Missouri</u>		
20. FILED <u>8-30-32</u> , 19 <u>32</u> <u>John R. Burdick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Aug 30, 1932

I last saw her alive on about, 1929. Death is said to have occurred on the date stated above, at 11:50 A.M. 11:15 A.M.

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

Possible Coronary Artery Disease (Sudden Unexpected death) - Known to have heart disease for 2-3 years.

Date of onset _____

Other contributory causes of importance:

Name of operation _____ 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? No 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) Clarence A. Good, M. D.
(Address) Tattle Pddy, St. Joseph Mo.

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.

SEP 21 1932

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