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.

31131

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 811 Park Ave. (rear) St. ..... Ward)

File No. .....

Registered No. 8428

2. FULL NAME James Bowen

(a) Residence, No. 811 Park Ave. (rear) St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3nd. 1920.

7. AGE: YEARS 13 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Illinois

FATHER

13. NAME Bert Bowen

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

MOTHER

15. MAIDEN NAME Martha Whitecotten

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

17. INFORMANT (ADDRESS) Bert Bowen 811 Park Ave. (rear)

18. BURIAL, CREMATION, OR REMOVAL Carterville, Ills.

PLACE ..... DATE Aug. 17th 1934

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway.

20. FILED AUG 17 1934, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 17th. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1929, to 8/16, 1934

I last saw him alive on 8/16, 1934 Death is said to have occurred on the date stated above, at 5 A.M.

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

	Date of onset
SEPTIC ENDOCARDITIS + PERICARDITIS + MITRAL + AORTIC INSUFFICIENCY	1929

Other contributory causes of importance:

X 972A
9107
9108 X

Name of operation ..... Date of X

What test confirmed diagnosis? X 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 X

(Signed) Walter E. Frank, M. D.

(Address) 1405 O. Bdway