

1930 JAN 1 9 1930

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

Do not use this space.

1. PLACE OF DEATH

103 County Stoddard  
Township Castro  
City (No. ....) 100

Registration District No. 837  
Primary Registration District No. 6093

File No. 44666

Registered No. .... St. .... Ward

2. FULL NAME

William Bovee

(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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 4

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

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) Ill.

13. NAME Nelson, Bovee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis 9

15. MAIDEN NAME Hancy Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis 9

17. INFORMANT Jessie Rose

18. BURIAL, CREMATION, OR REMOVAL PLACE Waver Den DATE

19. UNDERTAKER (ADDRESS) Wachins Paul Wm

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY That I attended deceased from Wentworth, 1938

I last saw him alive on ....., 19... Death is said

to have occurred on the date stated above, at 4 A. M.

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

Probably heart failure found dead in bed at 10 P. M.

Other contributory causes of importance:

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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 .....

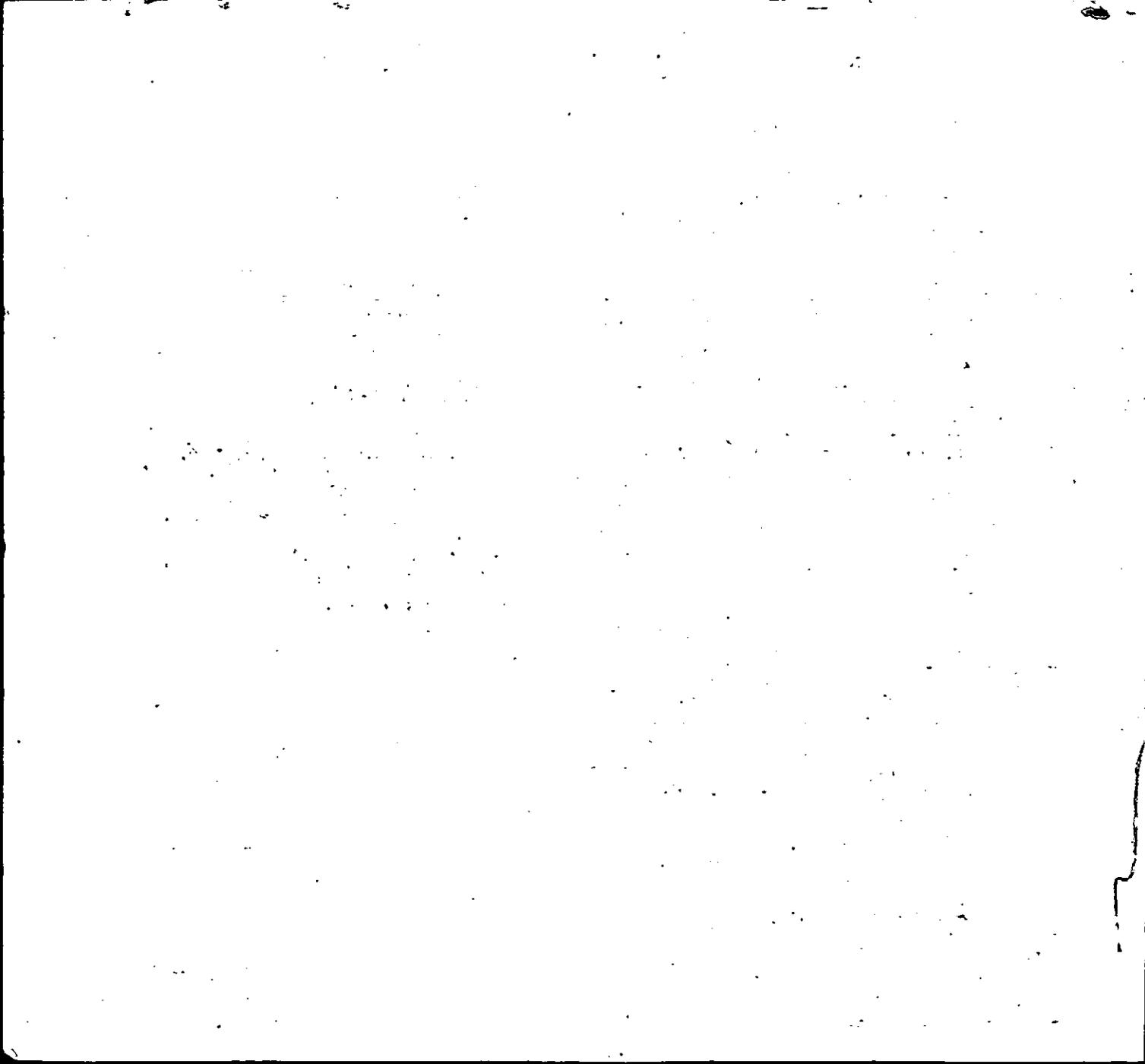
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Wilson M. D.

895 (Address) Bloomfield Mo

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.



FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

44666  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837

(b) Township Castor Primary Registration District No. 6097

(c) City..... (d) Street No. .... St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bowee

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.

80 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as 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 Nelson Bowee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Nancy Walton

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

17. INFORMANT (ADDRESS) Jennings Noze Dept. No. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Harpersville DATE .....

19. FUNERAL DIRECTOR (ADDRESS) Wethers Funeral Home Dept. 225

20. FILED Feb 21 1939 Boonie Church Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1938

22. I HEREBY CERTIFY That I attended deceased from unattended, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows: Probable heart failure found dead in bed at 4 A. m.

Date of onset

Other contributory causes of importance:

Name of operation..... 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?.....

If so, specify John Wilson East St. D.

(Signed) Bloomfield (Address) no

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death 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.

