REC'D MAR 20 1939

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

6717
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 395
(b) Township or Village Sni-a-bar — Primary Registration District No. 5537A — Registered No.
(c) City Blue Springs RR (d) Street No. 4½ mi No East Blue Springs, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.
2140

2. PRINT FULL NAME Annie Jane Bowley
(a) Residence, No. 4½ mi. No. East Blue Springs
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) July 22, 1864

7. AGE: Years 74 — Months 7 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Greenup, Illinois

FATHER
13. NAME Thomas A. Bobley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record.

17. INFORMANT Robert Bobley (ADDRESS) Blue Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs, Mo DATE 3/26 1939

19. FUNERAL DIRECTOR (NAME) George A. Larson (ADDRESS) Independence, Mo.

20. FILED 3/10 1939 F. W. Stutte M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1939 to Feb 25, 1939
I last saw her alive on Feb 24 1939. Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 23, 1939

Other contributory causes of importance:
Lagrippe — Crippled & an invalid most of her life

Name of operation none Date of
What test confirmed diagnosis Clinical 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 no
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. A. Allen, M. D.
(Address) Independence Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.