

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.

APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence, Registration District No. 470
Township No. 1, Primary Registration District No. 5633
City Mt. Vernon, (No. Missouri, State Sanatorium) St. _____ Ward _____

File No. 11374

Registered No. 43

2. FULL NAME Harold Reese Bowden

(a) Residence, No. Moberly, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) June 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cairo, Missouri

13. NAME John Bowden

14. BIRTHPLACE (CITY OR TOWN) Huntsville, Missouri

15. MAIDEN NAME Alta Patrick

16. BIRTHPLACE (CITY OR TOWN) Cairo, Missouri

17. INFORMANT E. McMichael, Record Clerk (Address) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE March 30, 1939

19. UNDERTAKER Joseph Funeral Home (Address) Mt. Vernon, Mo.

20. FILED March 29, 1939 P. A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1937, to March 29, 1939. I last saw him alive on March 28, 1939. Death is said to have occurred on the date stated above, at 2:45 a. m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Subacute meningitis
Date of onset Jan 1937
march 1939

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? No
If so, specify _____
(Signed) J. E. Jones, M. D.
(Address) Mt. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-753

Date Filed APR 6 1939