

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

Do not use this space

18537-
189

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Hannibal Primary Registration District No. 307A
City Hannibal (No.) St. Ward)

File No.
Registered No. 189
St. Ward)

2. FULL NAME Dabney Martin Bowles

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 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 Not Given

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY)

10. NAME OF FATHER Dabney Bowles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentuekey
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha Tyler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Miss Wilfred Bowles
(Address) Palmyra Mo.

15. FILED 7/14/25 1925 M. B. Green REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-1 1925

17. I HEREBY CERTIFY, That I attended deceased from May 28 1925 to June 1 1925, and that I last saw him alive on June 1 1925, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerotic gangrene of Big toe left foot
151
..... (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Osteomyelitis & infection of toe
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 28 25
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dwight McEwen M.D.
1925 (Address) Palmyra Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Overton Mo DATE OF BURIAL 6/3 1925

20. UNDERTAKER Leson Bivis ADDRESS Palmyra

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.

M. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGR should be stated EXACTLY. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*.—The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed, give up or account of the DISEASE CAUSING DEATH in state occupation at beginning of illness; if retired from business, that fact may be indicated thus: *Farmer (retired; 6 yrs.)* or persons who have no occupation whatsoever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

8. OCCUPATION OF DECEASED

"Typhoid pneumonia," "Scarlet fever pneumonia," "Bronchopneumonia," "Pneumonia" (unqualified, is indefinite); "Tuberculosis of lungs, meningitis, peritonitis," etc., name of disease less definite; avoid use of "Tumor" (Cancer); "Cancer of less definite"; "Medulla," "Whooping cough," "Chronic interstitial nephritis," "Hepatitis," "Hemiplegia," "Hysteria," "Epilepsy," etc. The contributor (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or homicidal or as probably such if impossible to determine definitely. Examples: *Accidentally drowning; struck by passenger train—accident*; *Revolver wound of head—homicide*; *Poisoned—probable suicide*. The nature of the injury, a fracture of skull, and consequences (e. g., *sepsis, delirium*), may be stated near the letter "Cause of death." (Recommendation on statement of cause of death approved by Committee on nomenclature of the American Medical Association.)

CONTRIBUTORY (Secondary) Cause of Death.—Individual offices may be asked to give list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, collulitis, child birth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope should be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1913

DIRECTIONS