

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

Do not use this space.

9262

1. PLACE OF DEATH

64 County Marion Registration District No. 551 *Reg. No. 3*
Township Barren Grove Primary Registration District No. 5744
City Marion (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Hudson Bowles
(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Joseph Bowles

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1932 to March 16th, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1846

I last saw him alive on March 14, 1932. Death is said to have occurred on the date stated above, at 2:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 2 16

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

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

Other contributory causes of importance:
Senility

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer & Merchant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

MOTHER FATHER 13. NAME Wabney Bowles

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

MOTHER FATHER 15. MAIDEN NAME Bertha Tyler

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER FATHER 17. INFORMANT (ADDRESS) J. H. Bowles
Hamibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Exposure DATE March 17, 1932

19. UNDERTAKER (ADDRESS) J. H. Bowles

20. FILED APR 1, 1932 J. M. Crebs Registrar.

Date of onset About March 1, 1932
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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? _____ 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) H. C. Neal, M. D.
(Address) Palmyra Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. APR 28 1932

