

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

Do not use this space.

16265

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3320 Coleman Road)

Registration District No. 389
Primary Registration District No. 1002

File No. 2058
Registered No. 2058 St. _____ Ward)

2. FULL NAME

Joseph Martin Bowles

(a) Residence, No. 3320 Coleman Road St. 5 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Bowles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 24, 1847</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>3</u>
		<u>29</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) Illinois
(STATE OR COUNTRY)13. NAME Joseph Bowles14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)15. MAIDEN NAME Rebecca Green16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)17. INFORMANT Mrs. Nora M. Green
(ADDRESS) Monmouth, Ill.18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede, Mo. DATE May 23, 193219. UNDERTAKER Fritz & McAlister
(ADDRESS) 3235 William Plaza20. FILED May 23, 1932 M. M. Green
Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 23, 1932
I last saw him alive on May 23, 1932. Death is said to have occurred on the date stated above, at A m. 4:45
The principal cause of death and related causes of importance were as follows:

Nephritis Date of onset

Other contributory causes of importance:

Chronic nephritis
Carcinoma of prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? Guinea Was there an autopsy? Yes23. 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? Yes

If so, specify _____

(Signed) Fritz & McAlister, M. D.(Address) Fritz & McAlister

Wethman Bldg