

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 556
 Township Pound Grove Primary Registration District No. 25744
 City Marion (No. _____) St. _____ Ward _____

File No. 21174

Registered No. 42

2. FULL NAME

Susie Ellen Bowles
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Joe Bowles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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) <u>at present</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
13. NAME <u>Martin Hindline</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Pauline Roberts</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. W.A. Brunk, Maywood Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emerson Mo</u> DATE <u>June 8 1934</u>		
19. UNDERTAKER (ADDRESS) <u>A. H. Chambers, Maywood Mo.</u>		
20. FILED <u>June 8 - 1934</u> <u>St. Gertrude Lee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1934

22. I HEREBY CERTIFY That I attended deceased from April 5 to June 6, 1934, to June 6, 1934
 I last saw h. or alive on June 6, 1934. Death is said to have occurred on the day stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset 12/25/13
cardiac decompensation
 Other contributory causes of importance:
none
 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) Dr. W.C. O'Neal, M. D.
 (Address) Palmyra Mo

WHITE PLAINLY, WITH UNFAADING INK---THIS IS A PERMANENT RECORD

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.

JUN 23 1934

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