

1 JUL 20 1935

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

Do not use this space.

19378

1. PLACE OF DEATH

County St. Louis
Township Salem
City St. Louis

Registration District No. 250
Primary Registration District No. 5408

File No. _____
Registered No. 37
St. _____ Ward)

2. FULL NAME

Ollie Roy Bowman
(a) Residence, No. Senath 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

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Y</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7-1911.</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>9</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Japan</u>		
MOTHER	13. NAME <u>Louis Bowman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry</u>	
	15. MAIDEN NAME <u>Lizzie Brock</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Louis Bowman</u> (ADDRESS) <u>Senath</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexrew Cem.</u> DATE <u>6-8</u> 19 <u>35</u>		
19. UNDERTAKER <u>H.A. Cunningham</u> (ADDRESS)		
20. FILED <u>7-1</u> 19 <u>35</u> <u>H.A. Cunningham</u> Required.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1935

22. I HEREBY CERTIFY That I attended deceased from June 12, 1935, to June 7th, 1935.
I last saw h. alive on May 15, 1935. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Date of onset _____

Other contributory causes of importance: _____

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? _____
If so, specify Shuler Docks M. D.
(Signed) Russell M
(Address) _____

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.

