

MAY 25 1934

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

Do not use this space.

13782

1. PLACE OF DEATH

County Pattis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 316 E., Cooper) St. _____ Ward _____
Registered No. 668

2. FULL NAME

Dorthe E. Bowles

(a) Residence, No. 316 E. Cooper 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>F</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>x</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>x</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1932</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>7</u>
	DAYS <u>3</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>x</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>x</u>	
	10. Date deceased last worked at this occupation (month and year) <u>x</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) mo

FATHER 13. NAME Leo Bowles

14. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Leola McKinzie

16. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) mo

17. INFORMANT Leo Bowles (ADDRESS) Sedalia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton mo DATE Apr 11 1934

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

20. FILED 4-11- 1934 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1- 1934, to 4-9- 1934

I last saw her alive on 4-9- 1934 Death is said to have occurred on the date stated above, at 12:30 m.

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

1014
Brouchi pneumonia
1014
Malnutrition
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis chest x-ray Was there an autopsy? no

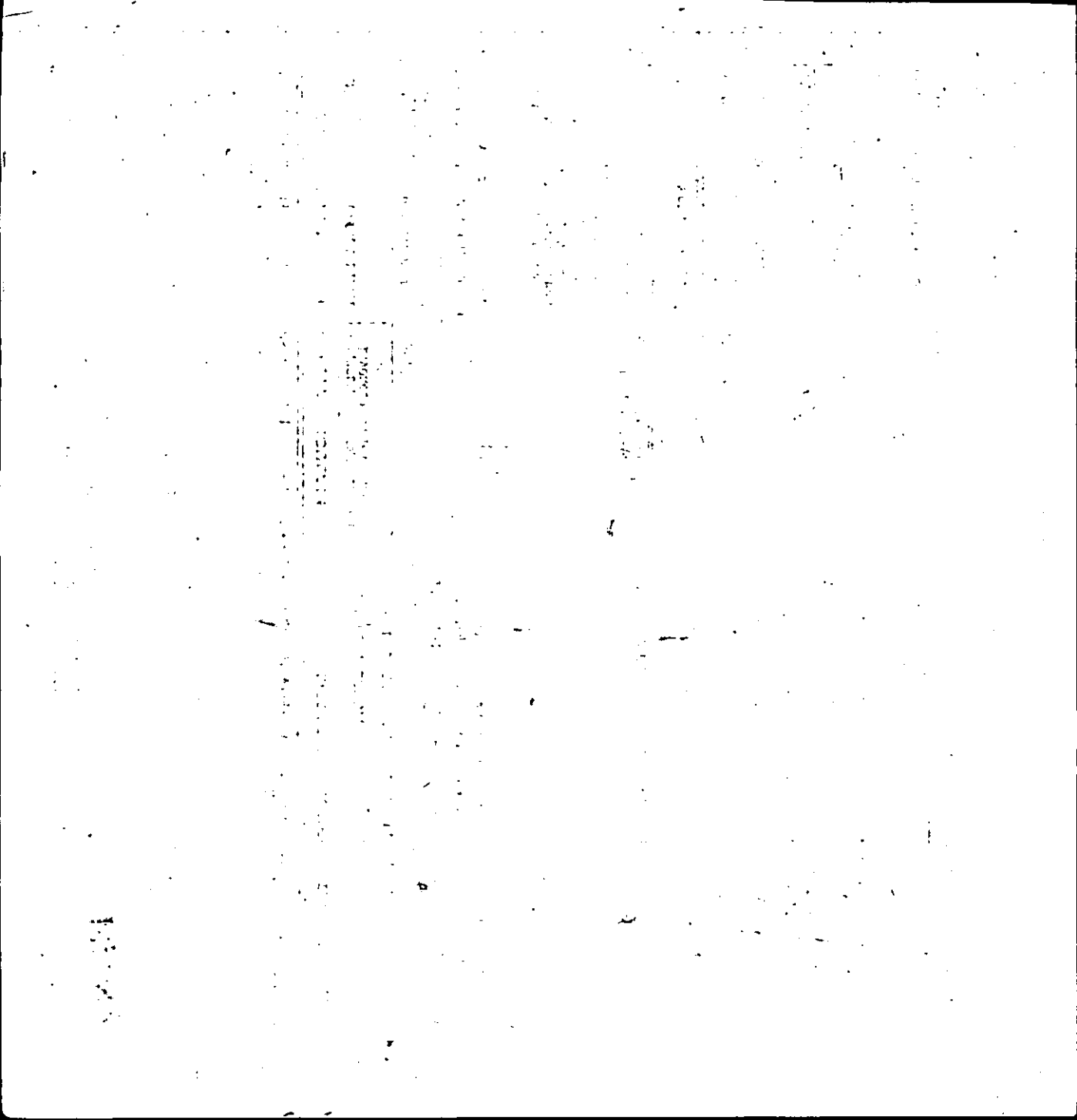
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

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? _____
If so, specify _____

(Signed) A. L. Magdoff, M. D.
(Address) 116 1/2 W. Main



Sullivan

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

13782

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha E. Bowles

Died at _____ on Apr 9 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____

Color or race B Single, married, widowed or divorced: _____

Age: Years 1 Months 7 Days 3

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Deceased last worked at this occupation: Month _____ Year _____

Place of birth (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Principal cause of death: Broncho pneumonia
no other complications ✓

Contributory causes of importance malnutrition ✓

Time of operation _____ Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

Was death due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

When did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Time of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Jean Slack

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668

Very truly yours,

E. T. McLaugh M.D.

Primary Reg. Dist. No. 3032

Special Agent.

yc

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SECRET

1. The following information was obtained from a review of the files of the [redacted] and [redacted] on [redacted] and [redacted].

2. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

3. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

4. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

5. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

6. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

7. [redacted] was born on [redacted] at [redacted]. He is a [redacted] and has been employed by [redacted] since [redacted].

Very truly yours,
[redacted]