

1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County *Muhlenburg* CERTIFICATE OF DEATH

Vot. Prec. *Carter* Registration District No. *240*

Ino. Town..... Primary Registration District No. *7134*

City..... (No..... St.,..... Ward)

2 FULL NAME *Cleveland Bowman*

File No. *8746*

Registered No. *27*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**DELAY**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 <sup>SINGLE</sup> MARRIED, WIDOWED OR DIVORCED *married*  
(Write the word)

6 DATE OF BIRTH *Aug 15, 1892*  
(Month) (Day) (Year)

7 AGE *22 yrs. 1 mos. 17 ds.* IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. *farmer*  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Muhlenburg Co*

10 NAME OF FATHER *James Bowman*

11 BIRTHPLACE OF FATHER (State or country) *blount Knox*

12 MAIDEN NAME OF MOTHER *Blanch Forester*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenburg Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Gas Stewart*  
(Address) *Greenville R.F.D.*

15 Filed *11/3, 1914* *J. C. Kennedy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *November 2, 1914*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct. 17, 1914*, to *Nov. 2, 1914*, that I last saw him live on *Nov. 1, 1914*, and that death occurred on the date stated above at *3 P.M.* The CAUSE OF DEATH\* was as follows:

*Musculo-Enteritis... Complicated with peritonitis later, Endocarditis...*

(Duration) *21 ds.*  
Contributory *Musculo-Enteritis*  
(Duration) *21 ds.*

(Signed) *C. H. Bennett, M.D.*  
*Nov. 2, 1914* (Address) *St. Louis*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *21 ds.* In the State *21 ds.*  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Merger Cemetery* DATE OF BURIAL *11/3, 1914*

20 UNDERTAKER *Bowman Mortuary* ADDRESS

WRITE PLAIN IN UNFADING INK--THIS IS A PERMANENT RECORD  
MARGIN RESERVE

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. See instructions on back of certificate.