

CERTIFICATE OF DEATH

6146

Dist. No. 260 Serial No. 178

P. D. VS-002
Res. 1. Place of Death: Marshall, Washington, Moundsville, 306 Tomlinson Avenue, (Street address, hospital, or institution)
S. S. No. (e) Length of stay in hospital or inst. (yrs., mos., or days)
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State West Va. (b) County Marshall, (c) City or town Moundsville, (d) Street No. 306 Tomlinson Avenue, (e) If foreign born, how long in U. S. A.?

3 (a) Full Name James H. Bowser,

3 (b) If veteran, name war 3 (c) Social Security No. 234-09-0345

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-20-1881.

8. Age Years Months Days If less than one day 61 8 2 hr. min.

9. Birthplace Freeport, Penna. (Town, county, and state)

10. Usual occupation Glassworker,

11. Industry or business Fostoria Glass Co.,

12. Name David F. Bowser,

13. Birthplace Penna.,

14. Maiden Name Sarah Ellen Johnson,

15. Birthplace Penna.,

16 (a) Informant's signature Homer H. Bowser,

(b) Address Greensburg, Penna.

17 (a) Burial (b) Date thereof 9-25-43. (month) (day) (year)

(c) Cemetery or crematory Union Cemetery, Greensburg, Penna.

18 (a) Funeral director (signature) B.W. Riggs

(b) Address Moundsville, W. Va. Fr. Dir. License No. 269 Embalmers No. 682

19. Filed 5-23-1943 Ellen J. King Registrar

MEDICAL CERTIFICATION

20. Date of death 5-22-43. 19 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-1943 to 5-22-1943 and that I last saw him alive on 5-22-1943

Immediate cause of death Rupture Aneurism of Aorta Due to

Duration Instant

Due to Other conditions

Major findings: Of operations Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robt A Ashworth M. D. Address Moundsville, W. Va. Date signed 5/22/43