

## CERTIFICATE OF DEATH

Dist. No. 260 Serial No. 178

P. D. VS-002

1. Place of Death:

(a) County Marshall,

(b) Magisterial District Washington,

(c) City or town Moundsville,  
(If outside city or town limits, write RURAL and give town)

(d) Address 306 Tomlinson Avenue,  
(Street address, hospital, or institution)

(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,  
(If outside city or town limits, write RURAL and give town)

(d) Street No. 306 Tomlinson Avenue,  
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) Full Name James H. Bowser,3 (b) If veteran, name war ..... 3 (c) Social Security  
No. 234-09-03454. Sex Male 5. Color or race White 6 (a) Single, married, widowed,  
or divorced. Single6 (b) Name of husband or wife .....  
6 (c) If alive, give age ..... years7. 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.  
(method, cremation, or removal) (month) (day) (year)  
(c) Cemetery or crematory Union Cemetery,  
Location Greensburg, Penna.18 (a) Funeral director (signature) B.W. Riggs  
(b) Address Moundsville, W. Va.  
Fr. Dir. License No. 269 Embalmers No. 68219. 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 dead on 5-22-1943Immediate cause of death Rupture aneurism  
of aorta Duration Instant  
Due to .....

Due to .....

Other conditions 1/20  
(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

## PHYSICIAN

Underline the  
cause to which  
death should be  
charged statisti-  
cally.

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 Robert A. Ashworth  
M. D. (or other)  
Address Moundsville, W. Va. Date signed 5/22/40.