

Bowman, Joseph 1942 - 1942

Form V. R. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

State File No. **18561**  
 Registrar's No. **18561**

Registration District No. **790** Primary Registration District No. **2290**

**1. PLACE OF DEATH:**  
 (a) County Jefferson  
 (b) City or town Berlington Ky  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution St. Elizabeth Hospital  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community 2 days  
 (years, month or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Ky (b) County Jefferson  
 (c) City or town Berlington Ky  
 (If outside city or town limits, write RURAL)  
 (d) Street No. 2754 Madison Ave  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**3(a) FULL NAME** Joseph Bowman  
**3(b) If veteran,** \_\_\_\_\_ **3(c) Social Security** \_\_\_\_\_  
 Name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** m **5. Color or race** W **6(a) Single, widowed, married, divorced** Married

**6(b) Name of husband or wife** \_\_\_\_\_  
**6(c) Age of husband or wife if alive** \_\_\_\_\_ **Years**  
**7. Birth date of deceased** Aug 12 1912  
 (Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Berlington Ky  
**10. Usual occupation** \_\_\_\_\_  
**11. Industry or business** \_\_\_\_\_

**FATHER**  
**12. Name** Cecil Bowman  
**13. Birthplace** Florida

**MOTHER**  
**14. Maiden name** Marie Bailes  
**15. Birthplace** Berlington Ky

**16(a) Informant's own signature** Cecil Bowman  
**(b) Address** 2754 Madison Ave.

**17. BURIAL, CREMATION, OR REMOVAL**  
**Place** Mother of God **Date** Aug 15 1942

**18(a) Signature of funeral director** Memorial Service  
**(b) Address** Berlington Ky

**19(a) AUG 15 1942** **(b) Mrs H. C. White**  
 (Date received by local registrar) (Registrar's signature)

**20. DATE OF DEATH** Aug 14 1942  
**21. I hereby certify that I attended the deceased from** Aug 12 1942 **1942**  
Aug 14 1942 **1942** that I last saw him alive on  
Aug 14 1942 and that death occurred on the date  
 stated above at 1 P. M.  
**Immediate cause of death** premature birth  
natural cause. **DURATION** \_\_\_\_\_  
**Due to** premature birth  
wght 2 1/2 lbs  
**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**   
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_  
**(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?** \_\_\_\_\_  
 (Specify type of power)  
**While at work?** \_\_\_\_\_ **By means of injury** \_\_\_\_\_

**23. Signature** R. Lee Bud. **(M. D. or other)** \_\_\_\_\_  
**Address** Carington Ky **Date signed** 8-14-42

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.