

Funeral

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4610

1. PLACE OF DEATH
STATE OF TEXAS

COUNTY OF Nueces STANDARD CERTIFICATE OF DEATH REGISTRAR'S NO. 687

CITY OR PRECINCT NO. Corpus Christi 1924 STREET Buford

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 1 YEARS - MONTHS - DAYS. HOW LONG IN U. S. IF FOREIGN BORN? YEARS MONTHS DAYS

2. FULL NAME OF DECEASED Leonidas Edwin Bowling

RESIDENCE OF THE DECEASED NO. 1924 STREET Buford CITY Corpus Christi STATE Texas.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE MARRIED WIDOWED DIVORCED M-
(WRITE THE WORD)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Ada Bowling
(OR WIFE OF)

6. DATE OF BIRTH November 17 1868

7. AGE 71 YEARS 1 MONTHS 17 DAYS OR IF LESS THAN 1 DAY, HRS. MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Real Estate

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Owner -

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Dec 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER FATHER

13. NAME W. K. Bowling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MOTHER'S MAIDEN NAME Jessie Keenan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT W. Keeey Bowling
(ADDRESS) Corpus Christi, Tex

18. BURIAL REMOVAL PLACE Rose Hill DATE 1-5-1940

19. UNDERTAKER David J. Geel
(ADDRESS) Corpus Christi

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
1/8/1940 Paul M. Gray M.D.
FILE DATE (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1940

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 30 1939 TO Jan 4 1940

I LAST SAW HIM ALIVE ON 1-4 1940, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:30 M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coronary occlusion DATE OF ONSET 12-30-39

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION none DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? clinical exam 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 _____

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? no

IF SO, SPECIFY _____

(SIGNED) McDree Furman M. D.
(ADDRESS) Corpus Christi Texas

