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MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Yavapai State Arizona State File No. 456  
District or Township Prescott or Village \_\_\_\_\_ Registered No. 28513  
City U.S. Veterans' Hospital, No. 50 Whipple, Ariz. St. \_\_\_\_\_ Ward 4  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2. FULL NAME John Dillo ROWMAN, C-Pending, SP8AW (WWI), Pvt. Co. I, 10th Infantry.  
(a) Residence. No. 532 South Freedom St., Alliance, Ohio. Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married.  
(Write the word)  
5a. If married, widowed, or divorced HUSBAND of Mrs. J. D. Bowman, (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) Sept. 29, 1897.  
7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
29 3 7  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Potter.  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio.  
10. NAME OF FATHER David Luster Bowman,  
(State or country) (city or town)  
11. BIRTHPLACE OF FATHER Ohio (city or town)  
12. MAIDEN NAME OF MOTHER Laura Louise McKinnon,  
(State or country) (city or town)  
13. BIRTHPLACE OF MOTHER Unknown. (city or town)

14. Informant J. D. LOEY, CLINICAL DIRECTOR,  
(Address) 1000 Southworth  
Filed Jan 21, 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 6th, 19 27.  
Month Day Year  
17. I HEREBY CERTIFY, That I attended deceased from December 17, 1926 to January 6th, 1927.  
that I last saw him alive on January 6th, 1927  
and that death occurred, on the date stated above, at 6:40 A.M.  
The CAUSE OF DEATH\* was as follows:  
Tuberculosis, pulmonary, chronic, active, far advanced "C".

(duration) 1 yrs. 4 mos. 4 ds.  
CONTRIBUTORY Terminal Pneumonia.  
(Secondary)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

18. Where was disease contracted If not at place of death? Service.  
Did an operation precede death? No. Date of \_\_\_\_\_  
Was there an autopsy? No.  
X-ray, physical findings & laboratory tests.  
What test confirmed diagnosis?  
(Signed) G. D. ALLEN, M.D., CLINICAL DIRECTOR IN CHARGE,  
Jan. 6, 1927, Whipple, Arizona.  
\* State the disease causing death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL  
Alliance Ohio Jan 7-27  
20. UNDERTAKER ADDRESS  
Lester Puffer Prescott