

ARKANSAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

7-24-74
B3

1. PLACE OF DEATH

County Woodruff

Township Augusta

Inc. Town or City Augusta

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME Arthur Bowie

(a) Residence: No. Augusta, Arkansas
(Usual place of abode)

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 663

Primary Registration District No. 4024

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Do Not Use This Space

1367

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. Single, Married, Widowed, or Divorced (write the word)** Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cora Bowie

6. DATE OF BIRTH May 10 1881
(Month) (Day) (Year)

7. AGE 60 Years 7 Months 7 Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (city or town) (State or Country) Oklahoma

13. NAME OF FATHER James Bowie

14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Mississippi

15. MAIDEN NAME OF MOTHER Coniza Reeves

16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Mississippi

17. INFORMANT (Address) Mr. A. Bowie Augusta Ark.

18. BURIAL, CREMATION OR REMOVAL Walnut Grove Date May 18 1941

19. Undertaker (Address) New Fun & Mnd Co Newmarket Ark.

20. Filed 7/15 41 Therese Bold Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 17 1941
(Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above at _____ m. The principal cause of death, and related causes of importance, were as follows:

Gunshot Wound - Death occurred
Between 11:10 P.M. and 11:30 P.M.

Other contributory causes of importance:

Shot by Burglar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy Yes

22. If death was due to external causes (violence) fill in also the following:

Accidental or homicide? Yes Date of injury 5/17/41

Where did injury occur? Augusta, Arkansas
(Specify City or Town, County, and State)

Specify whether injury occurred in industry, in home, or in public place At Store

Manner of injury Gun shot wound

Nature of injury Gun shot in chest

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) F.C. Maguire M. D.

Address Augusta, Arkansas

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate which is on file in this office and of which I am legal custodian. IN TESTIMONY WHEREOF, witness my hand and seal of office at Little Rock, Arkansas.

March 15, 1972

J. A. Harold
State Registrar.

Please a return to: B.B. Bowie, 722 No. Bryson, L.R., Ark. 72005