

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
*Westford*

Registration District No. *941*

File No. *120809*

Ownership of or Borough of *Donnville Pa* Primary Registration District No. *1533*

City of *Westford* (No. *5* St., *5* Ward)

Registered No. *200*

If death occurred in a Hospital or Institution Give its NAME, number of street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

2. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) *Aug 6, 1847*

AGE *78* Years *3* Months *25* Days IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Retired*  
(b) General nature of industry, business, or establishment in which employed (or employer). *None*  
(c) Name of employer

BIRTHPLACE (city or town) *Peoria*  
(State or country)

10. NAME OF FATHER *John Bowman*

11. BIRTHPLACE OF FATHER (city or town) *Peoria*  
(State or country)

12. NAME OF MOTHER *Johna. Ben.*

13. BIRTHPLACE OF MOTHER (city or town) *Peoria*  
(State or country)

Informant *Miss Gertrude Bowman*

(Address) *Peoria and Westford*

Signed *Dec 5 1925* *Samuel Danforth* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *December 4, 1925*  
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from *Dec 1, 1925* to *Dec 3, 1925* that I last saw *decease* on *Dec 3, 1925* and that death occurred, on the date stated above, at *9:15 A. M.* THE CAUSE OF DEATH\* was as follows: *Pharyngitis*

CONTRIBUTORY (duration) *94 hours* yrs. mos. ds. (SECONDARY)

18. Where was disease contracted (duration) yrs. mos. ds. if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? *St. Thayer*

\*State the DISEASE CAUSING DEATH, or if deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, STRUCK BY, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Donnville Cemetery*

20. UNDERTAKER *Dec 5, 1925*

Signed *Dec 5 1925* *Samuel Danforth* Registrar

Martin H. Bowman

Mary A. Bowman.

Mrs. Mary A. Bowman died at her home in Jeannette, Monday, July 19, from a paralytic stroke, aged 87 years, one month and 18 days. Mrs. Bowman had suffered a stroke several years ago, from which she had never recovered. She is survived by her husband, M. H. Bowman, six sons, Charles M. Altman, of Jeannette; R. C. Bowman, of Stouboville, O.; Harry Bowman, Clyde Bowman, Jacob Bowman, of Jeannette; George Bowman, at home, two daughters, Mrs. Henry Funk, Jeannette, and Miss Nettie Bowman, at home, also one brother, Richard Boers, of Pittsburg; two sisters, Mrs. Lizzie Gilchrist of McKeesport and Mrs. Cetta Dunn, of Turtle Creek. Funeral services were conducted from the late residence of the deceased Wednesday afternoon, at 2 o'clock by Rev. W. L. McClure, D. D., followed by interment in Jeannette cemetery.

Mrs. Bowman was born in Greensburg, and was the daughter of Mr. and Mrs. Adam Boers. She was first married to Marlon Altman, who died many years ago. She lived in Jeannette for many years.