

BIRTH NO.

MED. DIST. NO.

531

1. Place of Death

(a) County

*Itaska*

City or Town

*Emory*

(If Outside City or Town Limits, Add Rural)

(c) LENGTH OF STAY (in this place)

2. Usual Residence (Where deceased lived. If institutional residence before admission)

(a) State

*Georgia*

(b) County *DeKalb*

City or Town

*Decatur*

(c) Town

(If Outside City or Town Limits, Add Rural)

LENGTH OF STAY (in this place)

Name of Hosp. or Institution

*Emory University Hospital*

(d) Street Address or R. F. D. and Box No.

*301 Lamont Drive*

3. NAME OF DECEASED

*DAVID TIMON BOWDEN*

4. DATE OF DEATH

*OCT. 25 1949*

5. SEX

6. RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. If Married or Widowed Give Name of Spouse

9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.

*Male*

*White*

*Married*

*Berta Mae Hill*

*57 2 10*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Underwriter*

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*McDonough, Pa*

12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

13. FATHER'S NAME

*James F. Bowden*

14. MOTHER'S MAIDEN NAME

*Lara Jane Mayes*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

*Yes World War I & II*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Mrs. D. J. Bowden*

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. Condition or complication (a) directly leading to Death

*Gun shot wound of head & chest, self inflicted with suicidal intent, as per autopsy report to coroners jury.*

INTERVAL BETWEEN ONSET AND DEATH

\*See Reverse Side

(b) Risk condition, if any, giving rise to above cause

(c) Underlying cause of death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO

Diagnosis

1. 2. 3. 4. 5. 6. 7.

Clinical  Lab.  X-Ray

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

*Suicide*

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21c. (CITY OR TOWN)

(COUNTY)

(STATE)

*Decatur DeKalb Ga*

21d. TIME OF INJURY

*10 25 49 P.M.*

21e. INQUIRY OCCURRED While at Work  Not While at Work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 18 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ that I last saw the deceased alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred at \_\_\_\_\_ 19 \_\_\_\_\_ m. from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

*P. E. Pattell, M.D. Forensic Coroner Jury*

*Decatur, Ga 10-27-49*

24a. BURIAL CREMATION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City or Town)

(County)

(State)

*Buried*

*10-27-49*

*DeKalb East Decatur Mc Donough*

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*11-10-49*

*D. P. Evans*

*A. S. Turner & Sons, Decatur, Ga*

REG-1-1-49

V. S. - 12

REGISTRAR: CHECK CERTIFICATE CAREFULLY