MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33423

File No. .....

Registered No. 4192

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Kaw — Primary Registration District No. .....

City Kansas City (No. Research Hospital St. ..... Ward)

2. FULL NAME Fletcher Cowherd, Jr.

(a) Residence. No. 6140 Morningside Drive Ward. 8
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Chatten Cowherd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	2	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work V. P. Fletcher Cowherd

(b) General nature of industry, business, or establishment in which employed (or employer) Company

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Fletcher Cowherd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nannie Duke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Fletcher Cowherd, Sr.
(Address) Sophian Plaza

15. FILED 11-5, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1927, to Nov 4, 1927 that I last saw him alive on Nov 4, 1927, and that death occurred, on the date stated above, at 5:23 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1071 Pulmonary Edema
1115 (duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pleuro Pneumonia
Broncho (duration) — yrs. — mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1010

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) H F Mather, M.D.

11/5, 1927 (Address) 1207 Rialto Bldg

*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.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~	DATE OF BURIAL
Mt. Washington Cem	11-7 1927
20. UNDERTAKER	**ADDRESS**
Stine & McClure	924 Oak

N. B.—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 be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

Ma- 0782

Rialto