FEB 20

1928

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

Do not use this space.

243

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001 — File No.:
City: St. Joseph Mo. (No. 503, South 25th St. Ward) — Registered No.: 49

2. FULL NAME: Raymond Cowley
(a) Residence. No. 503 South 25th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 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 (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 6, 1892

7. AGE: Years 35 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Auto Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Adair County
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Henry Cowley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Martha Fort
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indiana

14. INFORMANT: Louise Nevins
(Address): Mercy Hospital

15. FILED: JAN 14 1928 — John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot Wound in head.
Suicide.
167 (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) 170
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? No. Date of
Was there an autopsy? Viewed
What test confirmed diagnosis? Post findings & History
(Signed) W. W. Illers Coroner, M. D.
1/12, 1928 (Address) St Joseph Mo

*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: Valley Falls, Kansas — DATE OF BURIAL: Jan 12 1928
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD