FEB 23 1928

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

Do not use this space.

2145

1. PLACE OF DEATH
County Polk
Township Mooney
City Lawson (No. ..... St. ..... Ward)
Registration District No. 710
Primary Registration District No. 6-939
File No. .....
Registered No. .....

2. FULL NAME Nettie Luella Cowden

(a) Residence. No. ..... St., ... Ward. .....
(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 Female
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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	10	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None 46B 46C
(b) General nature of industry, business, or establishment in which employed (or employer) None 117
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Eligio M Cowden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Margaret E Fullerton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT M. F. Cowden
(Address) 1850 N Main Springfield Mo

15. FILED Jan 7 1928 Mrs W W Green
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1927, to Jan 4, 1928, that I last saw her alive on Jan 4, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach and Bowels malignant
44a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ulcerated Stomach
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. E. Albright, M. D
Jan 4, 1928 (Address) Pleasant Hope 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 Pleasant Hope Mo
DATE OF BURIAL Jan 5th 1928

20. UNDERTAKER C. R. Benton
ADDRESS Pleasant Hope Mo

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.