

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

Do not use this space.

B. 30457

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township N. East Primary Registration District No. _____
City N. C. Mo. (No. 1121) Cherry St. _____ Ward) _____

File No. _____
Registered No. 2736
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 22 1/2 Kansas St., 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Cowan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 | 1 | 21 | _____

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

9. BIRTHPLACE (CITY OR TOWN) Lane
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Henry Cowan

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

12. MAIDEN NAME OF MOTHER Maria Hill

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

14. INFORMANT Irene Cowan
(Address) 2204 Kansas St.

15. FILED 9/7 1928 7h 30m Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

Wednes.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1928

17. Deputy Coroner
I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, and that

(that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental fracture of skull, fall from building

CONTRIBUTORY (SECONDARY)

1928 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Deputy Coroner M. D.
9/5, 1928 (Address) Deputy Coroner

*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 Forest Hill DATE OF BURIAL Sept 8 - 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS N.C. 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.

