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

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.

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

Do not use this space.

32100

File No. 93977

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis. (No. Bernard Blue & Caseiers St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Wm H McGowan

(a) Residence. No. Jonesboro Park St., 21 Ward. Jonesboro Arkansas
(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: 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~~ Elizabeth McGowan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1862.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~66~~	66	9	9	

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

9. BIRTHPLACE (CITY OR TOWN): Jonesboro
(STATE OR COUNTRY): Arkansas.

PARENTS

10. NAME OF FATHER: Henry McGowan

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

12. MAIDEN NAME OF MOTHER: Eliza Watkins

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

14. INFORMANT: Elizabeth McGowan
(Address): Jonesboro Arkansas

15. Filed Sep 21 1928, Ray C. Starling, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 20, 1928, that I last saw him alive on Sept 20, 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma left Ear with metastasis to neck
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchial pneumonia
(duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 12 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Exam

(Signed) C. A. Rosenbaum, M. D.

, 19 (Address) 3427 Washington

*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: Jonesboro Ark

DATE OF BURIAL: Sept 22 1928

20. UNDERTAKER: C R Lupton

ADDRESS: 4449 Olive