

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

Do not use this space.

40099

1929

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Towship Stark Primary Registration District No. 4122
City Kennett Mo. (No.) St. Ward

2. FULL NAME

(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. 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 Mrs. J. M. Cowell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 X 13

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) Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

10. NAME OF FATHER Leino Cowell

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Chas Cowell
(Address) St Smith Mo.

15. FILED 12/29 19 28 E. L. Spence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 12-29, 1928, that I last saw him alive on 12-28, 1928, and that death occurred, on the date stated above, at 4:30 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
H.B.B.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. 4 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Paul Balderson, D
, 19 (Address) Kennett 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 Lloyd Cem DATE OF BURIAL 12-31 1928

20. UNDERTAKER a. B. Lunsdell ADDRESS Kennett

X. 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.

