

1929

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

Do not use this space.

H 1836-A

1. PLACE OF DEATH

County New Madrid  
Township .....  
City Cassalon (No. ....) St. .... Ward)

Registration District No. 1183  
Primary Registration District No. 4387

File No. ....  
Registered No. 284

2. FULL NAME John Raymond Gowler

(a) Residence No. 4 days 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
5 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Sebaston  
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Raymond Gowler

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

12. MAIDEN NAME OF MOTHER Salary Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sebaston  
(STATE OR COUNTRY) mo

14. INFORMANT Mrs. ...  
(Address) Cassalon mo

15. FILED Jan 10 / 1929 Llewellyn Daugherty  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 26, 1928, that I last saw h. .... alive on ....., 19....., and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

105-13  
Spasmodic Croup  
(duration) yrs. mos. da.

CONTRIBUTORY Spasmodic Croup  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 986

DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. E. Presnell, M. D.

\*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 Sebaston Cemetery DATE OF BURIAL 12-27 1928

20. UNDERTAKER John Albritton ADDRESS Sebaston mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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