

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

Do not use this space.

5911

1. PLACE OF DEATH

County, Coalgate
Towship, Liberty
City, Osage

Registration District No. 215
Primary Registration District No. 5295

File No.
Registered No.
St. Ward)

2. FULL NAME

Noratio Nelson Cowley

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>9</u>	<u>9</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired 20 Yrs

9. BIRTHPLACE (CITY OR TOWN) Dover
(STATE OR COUNTRY) Ms.

10. NAME OF FATHER John Cowley

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

12. MAIDEN NAME OF MOTHER Ann Hampton

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

14. INFORMANT Frank Ramsey
(Address) J.B. No 1

15. FILED 3-2-29 19 29 D.P. Cruise REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28-1929

17. I HEREBY CERTIFY That I attended deceased from 1-25 19 29 to 2-26 19 29 (that I last saw living alive on 2-26 19 29 and that death occurred, on the date stated above, at 5:30 p.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Endocarditis

CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) L.F. Cruise, M. D.
3-2-1929 (Address) Osage City 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 Riverview Cem J.C. Mo DATE OF BURIAL Mar. 2 1929

20. UNDERTAKER C.P. Heinrichs ADDRESS J.B. 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.

MAR 21 1929

