

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

Do not use this space.

9629

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph. (No. _____)

85
Registration District No. _____
Primary Registration District No. 1001
Mercy Hospital

File No. _____
Registered No. 234
St. _____ Ward)

2. FULL NAME

Samuel McCowen

(a) Residence. No. _____ St. _____ Ward. Cameron, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 8, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
83 9 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabash Co., Ind.

10. NAME OF FATHER Samuel McCowen

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

12. MAIDEN NAME OF MOTHER Lucinda Jones

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

14. INFORMANT Edw. A. McCowen
Address) 2915 Angeliqne St.

15. FILED 11 19 Feb John J. G. [Signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 10, 1929 19
17.

I HEREBY CERTIFY, That I attended deceased from Feb, 25, 1929 19... to Mar, 10, 1929 19...
that I last saw him alive on Mar, 10, 1929, 19... and that death occurred, on the date stated above, at 2.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Surgical shock

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Cameron, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar. 7-29

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Operation 2/7/29
(Signed) J. O. Perceps M. D.

3/10, 1929 (Address) First State Bank Bldg.

*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 DATE OF BURIAL
Oak Grove, Missouri Mar, 11, 19 29

20. UNDERTAKER ADDRESS
Walter Meischoffer 1302 Faraon St.

N. R.—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.

