APR 30 1929

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

Do not use this space.

11868

File No. .....

Registered No. 10

1. PLACE OF DEATH

County: Pike

Township: Cuivre

City: Bowling Green (No. ..... St. ..... Ward)

Registration District No. 684

Primary Registration District No. 4408

2. FULL NAME: Alice S. Cowgill

(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: Female

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: Ben Cowgill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 10 - 1856

7. AGE: Years 73 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED

(a) Trade, profession, or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): 262

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bedford Co. (STATE OR COUNTRY): Va 2

PARENTS

10. NAME OF FATHER: John E. Sanderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bedford Co. (STATE OR COUNTRY): Va 2

12. MAIDEN NAME OF MOTHER: Katharine Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bedford Co. (STATE OR COUNTRY): Va 2

14. INFORMANT: L. T. Sanderson

(Address): Bowling Grn. Mo.

15. Filed: Apr 10 '29 W. A. Hummel Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-1 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Mar. 1, 1929, that I last saw h. alive on 3-1, 1929, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

97

Several years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): NB

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? —

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. H. Wilsdorf, M. D.

, 19 (Address) Bowling Green 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: Lebanon Cemetery

DATE OF BURIAL: 3-3-1929

20. UNDERTAKER: Mrs. Grace Bankhead

ADDRESS: Bowling Green, 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.

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