

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

Do not use this space.

33572  
*[Signature]*

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
Township Windsor Primary Registration District No. 5490  
City 1 (No. 1) St. 1 Ward 1

File No. \_\_\_\_\_  
Registered No. 129

**2. FULL NAME**

Dr. H. Cowden  
(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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sala E. Cowden  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-27-1899  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 7 23

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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Henry Co., Missouri  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Albert Cowden  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co Missouri  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Laura Covington  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Lola E. Cowden  
(Address) Harvey Mo

15. FILED 10-21-1929 Dr. E. Peeler  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/19 1929  
17. I HEREBY CERTIFY, That I attended deceased from 10/17, 1929, to 10/19, 1929  
that I last saw him alive on 10/18, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Headgum disease  
72 B  
(duration) 7 yrs. mos. ds.  
CONTRIBUTOR (SECONDARY) 65 B  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
1 DID AN OPERATION PRECEDE DEATH Yes DATE OF Don't know  
THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Ed. E. Peeler M. D.  
(Address) Clinton 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 Clinton Mo DATE OF BURIAL 10-21-1929

20. UNDERTAKER Linus W. [unclear] ADDRESS \_\_\_\_\_

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.

