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

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.

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

Do not use this space.
33870

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 6411 Baltimore St. Ward)

File No. 5[illegible]
Registered No.

2. FULL NAME William H. Cowan, Jr.,
(a) Residence. No. 6411 Baltimore St., 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 2, 1920

7. AGE: Years 9 — Months 5 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: William H. Cowan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Georgia De Hart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Pike County
(STATE OR COUNTRY): Missouri

14. INFORMANT: W. H. Cowan
(Address): 6411 Baltimore

15. FILED 10-19, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-9, 1929, to 10-18, 1929 that I last saw him alive on 10-18, 1929, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphatic Leukemia

72 R (duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) 65 N (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Blood examination
(Signed) H. C. Berger, M. D.
10-19, 1929 (Address) 1811 Fed. Res. Bk. 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: St. Louis, Mo
DATE OF ~~BURIAL~~ R. Oct 1929

20. UNDERTAKER: Stine & McClure
ADDRESS 3235 Gillham Plaza

Dr. H. C. Berger
1811 Federal reserve
about 1:30