

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.

SEP 24 1930

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

Do not use this space.

26143

1. PLACE OF DEATH

County Pedlar

Registration District No. 165

Township Stockton

Primary Registration District No. 4097

City Stockton (No.)

File No.

Registered No. 35

St. Ward)

2. FULL NAME

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

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

William F. Cowan

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

March 2 - 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

5

5

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

House keeper

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Shade Co., Mo.

10. NAME OF FATHER

Lemuel L. Carlock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Juliana Larison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Stockton, Mo.

15.

FILED

Sept. 30, 1930

E. S. Smith

REGISTRAR

Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 7 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from 6-4-30 to 8-7-30, 1930, that I last saw him alive on 8-7-30, 1930, and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis

931

CONTRIBUTORY (SECONDARY)

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) J. B. Stewart

M. D.

Aug. 1930 (Address) Stockton, 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

DATE OF BURIAL

Lindley Prairie

Aug 8 1930

20. UNDERTAKER

ADDRESS

W. C. Davis & Co. Stockton

