

X. 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.

DEC 22 1930

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

Do not use this space.

35831

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1851 N. Broadway)  
 Registered No. 821  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oria Arthur Cowdrey  
 (a) Residence. No. 1851 N. Broadway Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

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 Mary Cowdrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 0 14

8. OCCUPATION OF DECEASED Shoemaker  
 (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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Rev. L. J. Cowdrey

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

12. MAIDEN NAME OF MOTHER Barbara A. Friend

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

14. INFORMANT Mary Cowdrey  
 (Address) Springfield, Mo.

15. FILED 11-4 1930 For Sharp  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1930 to Nov 2 1930 that I last saw him alive on Oct 15 1930, and that death occurred, on the date stated above, at 8:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
821  
97

CONTRIBUTORY (SECONDARY) arterio sclerosis (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 1401  
 IF NOT A PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Barnes, M. D.  
Nov 2, 19 30 (Address) 2 No. General

\*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 Green Lawn Cemetery DATE OF BURIAL Nov 4 1930  
 UNDERTAKER J. W. Klingman & Co. ADDRESS 424 E. Court  
Springfield

