

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

Do not use this space.

38866

1. PLACE OF DEATH

County Polk Registration District No. 201
Township Liberty Primary Registration District No. 2012
City Liberty (No.)

File No.
Registered No. 124
St. Ward

2. FULL NAME

Pamela Ellen Cowgill
(a) Residence. No. 7 Lightburne St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Cowgill</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 20-1849</u>					
7. AGE	YEARS <u>81</u>	MONTHS <u>8</u>	DAY <u>15</u>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Housewife 97</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>84</u>					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Caldwell Co. Mo.

10. NAME OF FATHER

Wm Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER

Leah Brindle.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa.

14. INFORMANT

Mrs. Geo. McWilliams

(Address) Liberty, Mo

15. FILED

1/10/31 Wm J. Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on Dec 5 1930, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gen'l Atherosclerosis affected by mental condition especially

 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

 (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) Wm J. Johnson, M. D.

, 19 (Address)

*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

Cherrywood - Kansas City Mo 12/8/30

20. UNDERTAKER

ADDRESS

6 Church - Archer Co. Liberty, 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.

JAN 10 1931

