

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.

54  
5  
4

25 1931

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

Do not use this space.

1. PLACE OF DEATH

County LAFAYETTE  
Township DOVER  
City HIGGINSVILLE (No. ....)

Registration District No. 460  
Primary Registration District No. 4274

File No. 1900  
Registered No. 7 St. .... Ward)

2. FULL NAME MRS JENNIE MATHILDA COWHERD

(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 foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 6 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 234  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Campbellsville  
(STATE OR COUNTRY) ky. 2

10. NAME OF FATHER Charles Parrett  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
12. MAIDEN NAME OF MOTHER Matilda B. Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Tommy Cowherd  
(Address) Higginsville Mo

15. FILED 1/9 1931 Bessie P. Poston  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1931 to Jan 8 - 1931 that I last saw h. alive on Jan 8 - 1931, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
23A  
107A  
(duration) .... yrs. .... mos. 7 ds.

CONTRIBUTORY Old fibroid ptitiasis  
(SECONDARY)  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
203  
IF NOT AT PLACE OF DEATH. ....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF ....  
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical, flitings  
(Signed) W. A. Brasche, M. D.

1-9- 1931 (Address) Higginsville, 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 Higginsville Cemetery DATE OF BURIAL Jan 11/31

20. UNDERTAKER Hoefert Mimerschagen ADDRESS Higginsville Mo.

