

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

Do not use this space.

11131

File No. 7
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Pack
Township Pack
City Walnut Grove Mo (No. 103)

Registration District No. 700
Primary Registration District No. 5925

2. FULL NAME

Robert Lee Gowdy
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 10 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1931 to March 10 - 1931 that I last saw him alive on March 1st 1931, and that death occurred, on the date stated above, at 1:20 pm m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29 - 1917

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 3 21

Mitral Insufficiency
92A
118C (duration) 3 yrs. _____ mos. _____ ds.

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 _____

CONTRIBUTORY (SECONDARY) Indigestion Gastric (duration) _____ yrs. _____ mos. 3 ds.

9. BIRTHPLACE (CITY OR TOWN) Pack County Mo (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER George Gowdy

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pack Co (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS? Physiocal (Signed) J. J. Gillett M. D.

12. MAIDEN NAME OF MOTHER Jesse Miller

30, 1931 (Address) Walnut Grove Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pack Co (STATE OR COUNTRY) Missouri

*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.

14. INFORMANT Jesse Miller Gowdy (Address) Walnut Grove Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Grove Cemetery DATE OF BURIAL 3/11 - 1931

15. FILED Mar 13 1931 E. E. Moore REGISTRAR

20. UNDERTAKER Brun Brunel Home ADDRESS Walnut Grove Mo

13-2-11 APR 25 1931

Exact statement of OCCUPATION is very important. Enter in plain terms, so that it may be properly classified.

1954

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gale
Township Jackson
City..... (No.....)

Registration District No. 780
Primary Registration District No. 5-929

File No.
Registered No. 7
St. Ward

2. FULL NAME

Robert Lee Gowdy

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 3 11

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

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

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED Mar 31 1931 E E Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1931

17. I HEREBY CERTIFY, That I attended deceased from to that I last saw him alive on, 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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)....., 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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

SUPPLEMENTARY

S-11131