

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

Do not use this space.

29037
34

1. PLACE OF DEATH

County Perry
Township Central
City (No. St. Ward)

Registration District No. 660
Primary Registration District No. 5878

File No.
Registered No.

2. FULL NAME

Charles O. Sowell

(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 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 Marjorie C. Sowell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 9

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

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

10. NAME OF FATHER Wm. Sowell

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

12. MAIDEN NAME OF MOTHER Clifton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Ms. G. C. Sowell
(Address)

15. FILED 8/12/31 Des. J. Meeker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-12-31 19 31

17. I HEREBY CERTIFY, That I attended deceased from July 21, 19 31, to Aug. 12, 19 31, that I last saw him alive on Aug. 11-31, 19 31, and that death occurred, on the date stated above at 7-30-31

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
930

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPT? WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) M. L. D. H. H. M. D.
, 19 (Address) Perryville 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL York Chapel Cem. DATE OF BURIAL 8-14 1931

22. UNDERTAKER Zellner & Campbell ADDRESS Perryville 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.

SEP 25 1931

WHITE-CROWNED WITH UNFADING INK—THIS IS A PERMANENT RECORD

