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

Do not use this space.

40657 Sayers

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield Mo. (No. 1408 W. Water St. ..... Ward)

File No. ..... Registered No. 870

2. FULL NAME Rachel A. McCowan

(a) Residence. No. 1408 W. Water St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF W. G. McCowan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	4	5	

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

9. BIRTHPLACE (CITY OR TOWN) Greene Co. (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Samil M. Gibson

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

12. MAIDEN NAME OF MOTHER Katherine Brown

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

14. INFORMANT W. G. McCowan (Address) Springfield Mo.

15. FILED 12 14 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 — 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Dec 14, 1931 that I last saw her alive on Dec 13, 1931, and that death occurred, on the date stated above, at 2:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal Nephritis

131 probably some (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (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? Clinical

(Signed) J. H. Hayes, M. D.

, 19 (Address) 62 Zuwoodroff

*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 Harmony Church — DATE OF BURIAL Dec. 15 1931

20. UNDERTAKER Alma Lohmeyer — ADDRESS 534 St. Tuscal Home Louis

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.