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 25 1932

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

Do not use this space.

41384

1. PLACE OF DEATH
County Johnson, Registration District No. 431
Township Montserrat Primary Registration District No. 30-23
City U. S. (No. ..., ... St. ..... Ward)

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

2. FULL NAME Ulysses Grant Gowins
(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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14. 1867

7. AGE: YEARS 64 MONTHS 1 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Wm Gowin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) O. L. Gowin Montserrat, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill Cem DATE Jan, 2, 1932

19. UNDERTAKER (ADDRESS) Sweeney- Phillips Warrensburg Mo

20. FILED Jan 2, 1931 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found 8 A. M. 12/31/31, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
Probably late Eve of Dec. 30
The principal cause of death and related causes of importance were as follows:

Gun shot wound self inflicted in the right orbit penetrating The entire skull.

Date of onset

161

Other contributory causes of importance:

167

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward Andress, M. D.
(Address) Holden Mo. Coroner