

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

Do not use this space.

28681

1. PLACE OF DEATH  
 16 County Cape Girardeau Registration District No. 125  
 1 Township 11-4-11 Primary Registration District No. 3009  
 8 City 11-11 (No. Brown add.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John W. Cowell  
 (a) Residence, No. Brown add. 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.

File No. \_\_\_\_\_  
 Registered No. 231  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 Lois Cowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-12-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 13 Lebor. 2:7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lebor. 2:7

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) Ill.

MOTHER, FATHER 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Cora Cowell  
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Fairmont Cem. DATE Sept-26-1932

19. UNDERTAKER Harrison's Funeral Home  
 (ADDRESS) Cape Girardeau Mo

20. FILED 9-26-1932 W. Staempfe  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-24-1932

2. I HEREBY CERTIFY, That I attended deceased from June 2 1932, to Sept. 24 1932.  
 I last saw him alive on Sept. 24 1932. Death is said to have occurred on the date stated above, at 2:53 p.m.  
 The principal cause of death and related causes of importance were as follows:  
mitral stenosis  
92A  
92A  
 Other contributory causes of importance: none

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) A. E. Dalton, M. D.  
 (Address) Cape Girardeau Mo

Date of onset  
Don't know  
 date

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.

667 5-1-1932

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