

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

Do not use this space.

32283

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township _____ Primary Registration District No. 1092
 City P.O. #20 (No. 134 S. Lawrence) St. _____ Ward _____

File No. _____
 Registered No. 3811

2. FULL NAME

(a) Residence, No. 134 S. Lawrence 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 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) Ireland ¹⁵

MOTHER 13. NAME James Steward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Joe Kulkorop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland ⁴

17. INFORMANT (ADDRESS) Mrs. M. J. Gurtell
134 S. Lawrence

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland A.C.K. DATE Oct. 13 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
100

20. FILED 10/11 1932 M. M. Crowe
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1932

I last saw him alive on Oct 9 1932 Death is said

to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Oct. 11 1932
824 J. J. W.
97
 Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ 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? no

If so, specify _____
 (Signed) R. A. Wellman M. D.
 (Address) 5-400 S. John St.
Kansas City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Mr. Williams.
St. John Hardesty
Be-2659