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

Do not use this space.

38291

1. PLACE OF DEATH

5

County Barry — Registration District No. 29 — File No.

Township Flat Creek — Primary Registration District No. 5038 — Registered No. 67

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charles Robert Cowick

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1932

7. AGE — YEARS — MONTHS 5 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ponca City Okla

FATHER

13. NAME R. M. Cowick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kans

MOTHER

15. MAIDEN NAME Odle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simmons Mo

17. INFORMANT (ADDRESS) J. H. Waddox

18. BURIAL, CREMATION, OR REMOVAL — PLACE Ponca City Okla — DATE Jan 1st 1932

19. UNDERTAKER (ADDRESS) W. D. Kaan Cassville Mo

20. FILED Jan 1 1933 Mrs H. R. Williams Dpt. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932, to Dec. 30, 1932.

I last saw him alive on Dec. 30, 1932. Death is said to have occurred on the date stated above, at 3:30 A m.

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

	Date of onset
Lobular Pneumonia	12-28-32
(3) 107A	

Other contributory causes of importance:

Common Cold

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? ..... 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) [illegible] M. D.

(Address) Cassville, 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.

JAN 21 1933

[illegible] A PERMANENT RECORD