

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

FEB 14 1933

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

Do not use this space.

38933

1. PLACE OF DEATH

12) County Butler
Township Beaverdam
City 11 Mi W. Papton Bluff (No.)

Registration District No. 87
Primary Registration District No. 5129

File No.
Registered No. 1 /
St. Ward)

2. FULL NAME

Daisie Lee McGowan

(a) Residence, No. 11 Mi W. Papton Bluff Mo. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1870

7. AGE YEARS 62 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

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) Martin Tenn

13. NAME Geo. W. Wells

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

15. MAIDEN NAME McGowan

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

17. INFORMANT Lowell McGowan (ADDRESS) 422 E. McPherson and St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lowell Cem DATE Jan 13 1933

19. UNDERTAKER Dr. J. Phelps (ADDRESS) Papton Bluff Mo

20. FILED Jan 14 1933 W. M. Lane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 12, 1933
I last saw her alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 1929

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Other contributory causes of importance:

Arterio-sclerosis

Name of operation ✓ Date of
What test confirmed diagnosis? clinical 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. L. Turner, M. D.
(Address) Neelyville, 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.

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