

RECORD OF DEATH WITH CHANGING 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.

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

Do not use this space.

8130

1. PLACE OF DEATH

County Saline
Township
City Marshall (No. 6)

Registration District No. 796
Primary Registration District No. 3938
St. E. West Ward

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. William M. McKowan St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1854

7. AGE YEARS 78 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Marshall Mo

13. NAME W. M. McKowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

15. MAIDEN NAME Virginia Bailey

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

17. INFORMANT (ADDRESS) Mrs. Annie Jenkins Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Feb. 12, 1933

19. UNDERTAKER (ADDRESS) Audiner Mortuary Marshall, Mo.

20. FILED 3-3-33 1933 A. C. Putnam Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933 to Feb. 10, 1933
I last saw him alive on Feb. 10, 1933. Death is said to have occurred on the date stated above, at 5:45 P. M.

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

Central hemorrhage apoplexy with multiple gils 8788 790 1/20/33

Other contributory causes of importance: 97
Atherosclerosis and hypertension 820 (?)

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

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) H. Manning, M. D.

(Address) Marshall, Mo.

