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.

OCT 20 1933

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

Do not use this space. 2

28671

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No.

Township Nodaway — Primary Registration District No. 4010 — Registered No. 42

City Savannah (No. , St. Ward)

2. FULL NAME Mrs. Samantha Matilda Cowan

(a) Residence, No. Pearl St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Chas M. Cowan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 – 1854

7. AGE: YEARS 79 — MONTHS 2 — DAYS 6 — If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

FATHER
13. NAME J. H. Miller
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Chas. Cowan (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cromwell, Iowa DATE Sept 10, 1933

19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah Mo.

20. FILED Sept 9 1933 C. O. Jiffern Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 8, 1933

I last saw her alive on Sept 7, 1933 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:

Diabetes — Date of onset
Angina Pectoris
59
Ind 59

Other contributory causes of importance:
Diabetes

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? No
If so, specify
(Signed) Walter C. Myers, M. D.
(Address) Savannah Mo