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.

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

Do not use this space.

35943

1. PLACE OF DEATH
20 County Cedar — Registration District No. 163 — File No.
Township — Primary Registration District No. 4095 — Registered No. 68
1 City El Dorado Spgs Mo (No. ..., ... St. ..... Ward)

2. FULL NAME William H McGovern

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1848

7. AGE — YEARS: 84 — MONTHS: 11 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister
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) Illinois

FATHER
13. NAME William M McGovern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gillespie Ill

MOTHER
15. MAIDEN NAME Hester McPharon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Ill

17. INFORMANT (ADDRESS) Lou McGovern El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler Mo DATE 11/15 1933

19. UNDERTAKER (ADDRESS) Mafies Funeral Home El Dorado Spgs Mo

20. FILED 11-14- 1933 J W Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 13, 1933
I last saw him alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

Anginapectoris
Gesti

Date of onset

Other contributory causes of importance:

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) [signature], M.D.
(Address) El Dorado Spgs Mo