KWEIBERT

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

Do not use this space.

333

File No. .....

Registered No. 13

1. PLACE OF DEATH

County: BUTLER — Registration District No. 89

Township: ~~[illegible]~~ — Primary Registration District No. 3007

City: POPLAR BLUFF, MO. (No. ..... St. ..... Ward)

2. FULL NAME: WALTER KELLY McGOWEN

(a) Residence, No. 1411 MAIN ST. St., ... Ward. .....
(Usual place of abode) POPLAR BLUFF, MO. (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): DEC. 12, 1932

7. AGE: Years 2 — Months 1 — Days 8 — 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. CHILD

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): AFTON, MISSOURI

FATHER

13. NAME: TOM McGOWEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): POPLAR BLUFF MISSOURI

MOTHER

15. MAIDEN NAME: BESSIE CHAFFIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GREEN COUNTY ARKANSAS

17. INFORMANT (ADDRESS): WALTER KELLY McGOWEN 1411 MAIN ST, CITY

18. BURIAL, CREMATION, OR REMOVAL — PLACE: CITY CEMETERY DATE: JAN. 21, 1934

19. UNDERTAKER (ADDRESS): GREER UNDERTAKING CO. POPLAR BLUFF, MISSOURI

20. FILED 1-22-1934 W. S. Bailey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1934, to 1/20, 1934

I last saw him alive on 1/20, 1934. Death is said to have occurred on the date stated above, at 11:30 A.m.

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

	Date of onset
Laryngeal Diphtheria	1/16/34

Other contributory causes of importance: 10

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) W. C. Kweibert, M. D.

(Address) Poplar Bluff 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.

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

£ 38.50