

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

Do not use this space.

11511

APR 25 1934

**PLACE OF DEATH**

County Saline  
Township Marshall  
City Marshall, Mo. (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 41  
St. .... Ward)

**FULL NAME** Mathie Bell Cowhick

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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 James E. Cowhick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1899

7. AGE YEARS 75 MONTHS 7 DAYS 20 IF LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Winchester (STATE OR COUNTRY) Ill.

13. NAME James B. Smith

14. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Fatoy Ann Overton

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

17. INFORMANT Miss Ed. W. Marshall (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ridge of Smith DATE March 1934

19. UNDERTAKER J. L. Turman (ADDRESS) Marshall, Mo.

20. FILED 3/13/1934 Blaine Voss Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1934

22. I HEREBY CERTIFY, That, I attended deceased from 3/4 1934, to 3/10 1934

I last saw her alive on 3/10 1934. Death is said to have occurred on the date stated above, at 12:00 m.

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

Tuberculosis  
108  
108  
Other contributory causes of importance: .....

Date of onset 7 days

Name of operation None 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? .....

Where did injury occur? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) Blaine Voss M. D.  
(Address) Marshall

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.

