STATE ~~OF KANSAS~~ Mo

State Board of Health—Division of Vital Statistics

# STANDARD CERTIFICATE OF DEATH

Do not write 15682 in this space

1. PLACE OF DEATH: County Barton (4026) Primary

Township ..... Registered No. ~~7~~ 42

or City Minden Mines No. ....., ..... St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Samuel Blackburn McGowan

(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.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? .....

If so, state Organization ..... Rank ..... Period of service .....

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 25 | |

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. —

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) Minden Mines Mo.

FATHER

13. NAME Robert McGowan

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Ruth Cameron

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Robert McGowan Minden Mines, Mo.

18. BURIAL, CREMATION, OR REMOVAL Place Frontenac City Co. Date May 23, 1934

19. UNDERTAKER (Address) John C Frisbee

20. FILED 5/30 1934 Geo J P Zeih Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1934, to May 20, 1934

I last saw him alive on May 21, 1934, death is said to have occurred on the date stated above at 6 p.m.

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

| | Date of onset |
|---|---|
| Cholera Infantum | |
| 119 | |

Contributory causes of importance not related to principal cause:

119a

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) Geo J P Zeih M. D.

(Address) Minden Mines Mo.

be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14-7115-a

JUL 20 1934

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e.g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

**EXAMPLE I**

| The **principal cause of death** and related causes of importance in order of onset were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Contributory causes** of importance not related to principal cause: | |
| *Fracture of arm* | |
| *Automobile accident* | *May 3, 1927* |
| | |

**EXAMPLE II**

| The **principal cause of death** and related causes of importance in order of onset were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Contributory causes** of importance not related to principal cause: | |
| *Influenza* | *6 weeks ago* |
| | |
| | |

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

**ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN**

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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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Barton — Registration District No. 42 — File No.
Township — Primary Registration District No. 4026 — Registered No.
City Minden Mines (No. ..... St. ..... Ward)

2. FULL NAME Samuel Blackburn McGowan

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1934

7. AGE — YEARS — MONTHS 3 — 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.
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) Minden Mines Mo

FATHER
13. NAME Robert McGowan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ruth Cameron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Robert McGowan Minden Mines Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frontenac City Cem DATE May 23 1934

19. UNDERTAKER (ADDRESS) John C Fresne

20. FILED 5/30 1934 Geo J P Gish Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1934, to May 20, 1934
I last saw him alive on May 2, 1934. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chorea Infantum

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) Geo J P Gish, M. D.
(Address) Minden Mines Mo

SUPPLEMENTARY

5-15682