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

Do not use this space.

28900

1. PLACE OF DEATH
County Gasconade — Registration District No. 305 — File No.
Township Cattaon — Primary Registration District No. 4184 — Registered No. 18
City Owensville (No. ..., ... St. ..... Ward)

2. FULL NAME Deanne Macgowan
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 15, 1934
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 8 hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Owensville

FATHER
13. NAME: Theodore Macgowan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co Mo

MOTHER
15. MAIDEN NAME: Fanny Ruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

17. INFORMANT (ADDRESS): Theodore Macgowan
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richland. Mo DATE 8-15 4, 19
19. UNDERTAKER (ADDRESS): W.F. Fettinstructer Owensville Mo
20. FILED 8-20, 1934 J. J. Ferrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-15, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1934, to 8-15, 1934
I last saw her alive on 8-15, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth and Birth Trauma	
16 DB	
15	

Other contributory causes of importance: Malposition in Uterus

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: Birth Trauma
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph W Mills, M. D.
(Address) Owensville 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