

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

Do not use this space.

JAN 9 1935

40309

**1. PLACE OF DEATH**

County Pettis  
Township Lansford  
City (No. ....) St. .... Ward

Registration District No. 668  
Primary Registration District No. 5898

File No. 403  
Registered No. 668

**2. FULL NAME**

Alice Elizabeth Cowley

(a) Residence, No. .... St. .... Ward.

Length of residence in city or town where death occurred 1 yrs. 10 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1912

7. AGE YEARS 22 MONTHS 6 DAYS 17 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Nov. 1934 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

13. NAME Wm. Bushfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturtevant Springs Mo

15. MAIDEN NAME Myrtle A. Sigsby

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

17. INFORMANT William Cowley (ADDRESS) Houstonia Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Houstonia DATE Dec 2 1934

19. UNDERTAKER W. E. Westbrook (ADDRESS) Houstonia Mo

20. FILED 12-2 1934 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 - 1934, to Nov 30 - 1934  
I last saw her alive on Nov 28 - 1934 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Tuberculosis of lungs Date of onset South Kansas  
23 23

Other contributory causes of importance: Acute Nephritis

Name of operation X Date of .....  
What test confirmed diagnosis? X Was there an autopsy? .....

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury ..... 19.....  
Where did injury occur? X (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) A. L. Padtkhurst, M. D.  
(Address) Houstonia, 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.

