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.

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

Do not use this space.

MAR 26 1935

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 5761
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 2528 Pennsylvania St. Ward)

2. FULL NAME William P. Gowing
(a) Residence, No. 2528 Pa. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 8, 1874

7. AGE — YEARS 60 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. engineer
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) Lacygne Kansas

FATHER
13. NAME Thomas B. Gowing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Rose Ann Johnston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs Eva Gowing Joplin MO

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Lacygne Kansas DATE 2-21-35

19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin MO

20. FILED 2-20, 1935 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-35

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to Feb 19, 1935
I last saw him alive on 2/19-35, 1935. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
April 6 - 1932 - Cancer of Colon	

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Dr. E. W. Weygand D.O.
(Address) 719 - Frisco Joplin Mo.