

SEP 25 1935

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

Do not use this space.

27336

1. PLACE OF DEATH

County Falk
Township Mooney
City Wasson (No. _____)

Registration District No. 710
Primary Registration District No. 5939

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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)

George Washington Cowden

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF <u>Mary Frances Cowden</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18, 1855</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>79</u> | <u>7</u> | <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 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) <u>Falk County</u> (STATE OR COUNTRY) <u>Missouri</u> | | |
| 13. NAME <u>William D Cowden</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY) | | |
| 15. MAIDEN NAME <u>Mary Frances</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY) | | |
| 17. INFORMANT <u>Ray H. Cowden</u> (ADDRESS) <u>1810 E. High - Springfield</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wasson</u> DATE <u>Aug 11, 1935</u> | | |
| 19. UNDERTAKER <u>Wasson</u> (ADDRESS) <u>Wasson</u> | | |
| 20. FILED <u>Aug 20, 1935</u> <u>Estelle Benton</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1935

22. I HEREBY CERTIFY, That I know deceased from _____, 19____, to _____, 19____.
~~him~~ on Aug 10, 1935. Death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:
Self-inflicted bullet wound in right side of head

Other contributory causes of importance:

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 suicide Date Aug 10, 1935
Where did injury occur? Wasson
(Specify city, or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. D. Brown
(Address) Wasson, 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.

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