

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.

MAR 12 1936

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

Do not use this space.

8389

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

City

St. Louis Mo.

City Hospital No. 2003

File No.

2071

Registered No.

St.

Ward

2. FULL NAME

Viola M. E. Gowan

(a) Residence, No.

105-3-16<sup>th</sup> St.

St.

22 Ward.

Length of residence in city or town where death occurred 19 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE Negro  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20<sup>th</sup> 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	52	2	26	

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

13. NAME Richard Reedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Ruby Gaudin 2945 - Lawn

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery of St. Louis

19. UNDERTAKER (ADDRESS) L. V. Atkins 3317 Delmar

20. FILED FEB 25 1936 J. Bredeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1936, to 2-16-1936. I last saw her alive on 2-16-1936. Death is said to have occurred on the date stated above, at 12:25 P. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Heart Disease  
Date of onset 2-12-36  
Other contributory causes of importance: 95%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) James B. Harris, M. D.  
(Address) City Hosp #2  
2945 - Lawn Blvd

