

MAY 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township.....
City Osceola (No.)

Registration District No. 765
Primary Registration District No. 6266

16824

File No.
Registered No. 13
St. Ward)

2. FULL NAME

John Cowan
(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 45 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Bruce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>72</u>	MONTHS <u>✓</u>
	DAYS <u>✓</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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) (STATE OR COUNTRY) <u>Missouri</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1936
22. I HEREBY CERTIFY, that I attended deceased from April 13, 1936, to April 17, 1936.
I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:

Leber Insufficiency
706
Other contributory causes of importance:

Date of onset

FATHER	13. NAME <u>Lewis Cowan</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Jess W. Bruce</u> <u>Osceola</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton Cem.</u> DATE <u>4/19</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Osceola</u>	
20. FILED <u>4/1</u> 19 <u>36</u> <u>H. Seewers</u> Registrar.	

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) H. Seewers, M. D.
(Address) Osceola 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.

1936-10-16
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