

MAY 28 1936

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

Do not use this space.

18335

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6163
City Meritt (No. _____) St. _____ Ward _____

File No. _____
Registered No. 115

2. FULL NAME Gowin, Mary Florence

(a) Residence, No. State Hospital No. 3, Nevada Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 16 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ulyes Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1874

7. AGE YEARS MONTHS DAYS 61 11 17 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. _____
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) Missouri

13. NAME William Taylor

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

15. MAIDEN NAME Nancy Brecken

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

17. INFORMANT Orville Sawyer (ADDRESS) Meritt, Missouri Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit Hill DATE April 26, 1936

19. UNDERTAKER W. R. Triplett Funeral Service (ADDRESS) Meritt, Mo.

20. FILED 4-17-36 M. C. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 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 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

Acute myocardial failure Date of onset 4-16-36
93 a

Other contributory causes of importance: Hypertension
Coronary arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 home

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Roy W. Pearce, M. D.
(Address) State Hospital No. 3, Nevada

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.

Pickings at Stomach House