

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

Do not use this space.

DEC 30 1936

42171

1. PLACE OF DEATH Pike
 County ashley Registration District No. 683 File No.
 Township ashley Primary Registration District No. 5911 Registered No. 14
 City (No.) St. Ward)

2. FULL NAME Wm. Cowley
 (a) Residence, No. Ashley, Mo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
91 X X X X

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) unknown

FATHER
 13. NAME 11

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

MOTHER
 15. MAIDEN NAME 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (ADDRESS) Frank Nester Ashley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Co. Infirmary DATE 11-14 1936

19. UNDERTAKER (ADDRESS) Frank Nester

20. FILED 11-14 1936 R. W. Hetherlin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 36 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to 11-13-36 1936

I last saw him alive on Nov 1st 1936. Death is said to have occurred on the date stated above, at 10 am
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Ch. Inster. Nephritis

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) T. H. Wilcox M. D.
 (Address) Bowling Green 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.

