

FEB 16 1937

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

Do not use this space.

421

1. PLACE OF DEATH

County Callaway Registration District No. 116
Township Shamrock Primary Registration District No. 5166
City (No. _____) _____ St. _____ Ward _____

File No. 46
Registered No. 46

2. FULL NAME

John T. McCown
(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mamie McCown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20, 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter & 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>Kansas City, Mo.</u>		
13. NAME <u>Frank McCown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery City, Mo.</u>		
15. MAIDEN NAME <u>Susan E. Hanes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Mrs. John T. McCown</u> (ADDRESS) <u>Martinsburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>1/6 37</u>		
19. UNDERTAKER <u>Hughes Maupin</u> (ADDRESS) <u>Auxville, Mo.</u>		
20. FILED <u>1-6</u> 19 <u>37</u> <u>Mrs. Ethel R. ...</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1935, to January 4, 1937
I last saw him alive on Jan 4, 1937 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1924
or before

Other contributory causes of importance
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Bryant M. D.
(Address) Liberty, 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.

WHITE PRINT WITH OUTRADING INK—THIS IS A PERMANENT RECORD

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