

FEB 27 1937

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

Do not use this space.

1910

1. PLACE OF DEATH

County Greene
Township Cross
City Walnut Grove (No. 2)

Registration District No. 325
Primary Registration District No. 5437

File No. IF
Registered No. _____
St. _____ Ward _____

2. FULL NAME

A. Cowan
(a) Residence, No. Walnut Grove Rv St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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>Lue Cowan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 26 - 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>5</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>Farmed</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>Clinton, county Ky</u>		
FATHER	13. NAME <u>David Crockett Cowan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Melinda Angeline Beate</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT (ADDRESS) <u>Lue Cowan Jr. No Walnut Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greendale, Mo</u> DATE <u>Feb. 2 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Prison Furniture Home Walnut Grove Mo</u>		
20. FILED <u>2/2</u> 19 <u>37</u> <u>Etha B. McClure</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 31, 193722. I HEREBY CERTIFY That I attended deceased from Jan - 29, 1937, to Jan - 31, 1937

Last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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 _____

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) Charles H. McHaffie, M. D.
(Address) Fish Grove 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.

