

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 417Township Wells CityPrimary Registration District No. 3021City Wells City (No.)St. Ward File No. 6860Registered No. 162. FULL NAME Sherman G Cowen(a) Residence, No. 1018 N. Daugherty St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 19347. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 7 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child9. 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) Albuquerque (STATE OR COUNTRY) New Mexico13. NAME Thomas L. Cowen14. BIRTHPLACE (CITY OR TOWN) Jasper (STATE OR COUNTRY) Missouri15. MAIDEN NAME Phobe Green16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Thomas L. Cowen (ADDRESS) Wells City, Mo.18. BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE Feb 6 193719. UNDERTAKER Wedge Nelson Funeral Home (ADDRESS) Wells City, Mo.20. FILED 2/4/37 1937 P. B. Munson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 193722. I HEREBY CERTIFY, That I attended deceased from Feb 3 1937, to Feb 3 1937I last saw him alive on Feb 3 1937. Death is said to have occurred on the date stated above, at 2 A. m.

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

Membranous Croup
Diphtheria Suspected

Date of onset

Other contributory causes of importance:

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) P. B. Munson(Address) Wells City, Mo.

Museum