APR 22 1937

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

Do not use this space.

File No. 12616

Registered No. 18.

1. PLACE OF DEATH

County: Marion

Township:

City: Palmyra (No. , St. Ward)

Registration District No. 548.

Primary Registration District No. 4323.

2. FULL NAME Charles Avery Cowley

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Tommie P Cowley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	7	23	

OCCUPATION

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

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) Pike County Mo.

FATHER

13. NAME Branson Cowley

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

MOTHER

15. MAIDEN NAME Hester Davidss

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

17. INFORMANT Eva Kisor
(ADDRESS) Palmyra Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mar. 30-1937 DATE Bear Creek Cemetery 19
Hannibal Mo.

19. UNDERTAKER C. J. Sprague,
(ADDRESS) Palmyra, Missouri

20. FILED Mar. 30 1937 Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28-, 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 28, 1937

I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 3:45 P m.

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

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
Cerebral hemorrhage	

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? No.

If so, specify

(Signed) Dr. J. H. Hall, M. D.

(Address) Palmyra, Mo.