

APR 27 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

*aw*

1. PLACE OF DEATH

County Saint Louis  
Township C  
City Jefferson Barracks (No. Veterans Adm. Bldg.)

Registration District No. 1123  
Primary Registration District No. 6248B

File No. 13636  
Registered No. 102  
St. 2 Ward

2. FULL NAME Ed. GOWNS

(a) Residence, No. 1801 Market Street St. East Saint Louis, Illinois.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1937, to February 24, 1937

I last saw him alive on February 24, 1937 Death is said to have occurred on the date stated above, at 8:09A.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1892

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
45 1 6

Pneumonia, bronchial, right Date of onset Unkn.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable  
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

Other contributory causes of importance Cellulitis, left parotid region Unkn.

12. BIRTHPLACE (CITY OR TOWN) Mount Carmel (STATE OR COUNTRY) Mississippi

13. NAME John Gowms

Name of operation None Date of —  
By Clinical Med. Laboratory What test confirmed diagnosis? — Was there an autopsy? NO

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

15. MAIDEN NAME Caroline Williams

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.

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

17. INFORMANT Clinical Clerk (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE Mar 5, 1937

19. UNDERTAKER (Officer) (ADDRESS) 1st Missouri Ill

Manner of injury —  
Nature of injury —

20. FILED Mch 4, 1937 E. Mowrey Registrar

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify —  
(Signed) C. W. HUGHES, Chief Medical Off., M. D.  
(Address) Jefferson Barracks, Missouri.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

