

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

Do not use this space.

**JUL 26 1937**

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph

Registration District No. 35  
Primary Registration District No. St. Joseph Hospital

File No. 23225  
Registered No. 710  
St. .... Ward)

**2. FULL NAME** Herman G. Cowhick

(a) Residence, No. .... St. .... Ward. Troy Kas  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
21 2 25

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

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) June 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Kas

13. NAME John Cowhick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Mo

15. MAIDEN NAME Edith Meers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Kas

17. INFORMANT Mrs. J. Cowhick  
(ADDRESS) 819 N. 4th

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Kansas DATE June 24, 1937

19. UNDERTAKER Berry N. Gie  
(ADDRESS) 218 1/2 No

20. FILED 6/24 1937 J. W. Tullad Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I ~~attended deceased from~~ viewed June 22 1937 to June 21 1937

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 710 P.

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

Injuries received when the Motorcycle he was riding collided with an Auto Date of onset

Other contributory causes of importance none

Name of operation Decompression of skull Date of 6/21 1937

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/20 1937

Where did injury occur? Doniphan county, Kas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Motorcycle auto Collision

Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) B. W. Tullad Coroner, M. D.

(Address) King Hill Bldg

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.

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D. ... ..

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Date of