

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Valle Primary Registration District No. 3022
City Desoto (No. _____) St. _____ Ward _____

File No. 24029
Registered No. _____

2. FULL NAME Mary Jane Gowan

(a) Residence, No. 417 E. Union St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irvin F. Gowan

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Greenville Ind.

13. NAME Jehu Gowan

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

15. MAIDEN NAME Elizabeth Hopson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Ind.

17. INFORMANT (ADDRESS) Gertrude Gowan
Fairmount

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gowan DATE June 11, 1937

19. UNDERTAKER (ADDRESS) Motherhead
Desoto Mo

20. FILED June 25, 1937 Jessie Donnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1937, to June 9 1937

I last saw her alive on June 7, 1937 Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Bilateral cerebral hemorrhage Date of onset 6-2-37

Other contributory causes of importance:
nephrosclerosis 1 year
General arterio-sclerosis 2 years

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

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

If so, specify _____

(Signed) Paul V. Murphy, M. D.

(Address) Edgar Bldg. Desoto, 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.

