

AUG 18 1937

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

Do not use this space.

26585

1. PLACE OF DEATH

County Barry Registration District No. 29
 Township McDonald Primary Registration District No. 5045B
 City (No.) St. Ward)

2. FULL NAME

Richard Murl Cowell

(a) Residence, No. R. 2, Jenkins, Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Barry County
 (STATE OR COUNTRY) Missouri

13. NAME Murl Cowell

14. BIRTHPLACE (CITY OR TOWN) Barry County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sister

16. BIRTHPLACE (CITY OR TOWN) Barry County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Murl Cowell
 (ADDRESS) Route 2, Jenkins, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Hill DATE 7-26- 1937

19. UNDERTAKER Koon Funeral Home
 (ADDRESS) Cassville, Mo.

20. FILED 7-27 1937 J. G. Gouvenneur
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY That I attended deceased from July 23 1937 to July 25 1937
 I last saw him alive on July 23 1937 Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Bronchial Pneumonia Date of onset 7-20-37

Other contributory causes of importance:

Name of operation 1070 Date of Phys
 What test confirmed diagnosis? Phys 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

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 3
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Ballard M. D.
 (Address) Cassville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/10

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Mc Donald
City (No. , St. Ward)

Registration District No. 29
Primary Registration District No. 5045B

File No. 26585-
Registered No. 54

2. FULL NAME

Richard Murl Courell

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
	<u>2</u>	<u>4</u>	<u>11</u>	

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 10-4 1937 Seawreuman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

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

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

Bronchial pneumonia Date of onset

Primary

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) J. D. Baldeurn, M. D.
(Address) Purdy, Mo.

SUPPLEMENTAL

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.

S-26585