AUG 24 1937

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

Do not use this space.

27457

1. PLACE OF DEATH
County Jasper
Township
City Carthage (No. ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

49
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7

2. FULL NAME Viola Ellen McGowen

(a) Residence, No. 902 Cedar St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1869

7. AGE Years 68 Months 1 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Dade County Missouri

FATHER
13. NAME Charley Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Martha Ellers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) John McGowen 902 Cedar Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacobs Cem. DATE July 21, 1937

19. UNDERTAKER (ADDRESS) Kneel Mortuary Carthage, Mo.

20. FILED July 21, 1937 E. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1937, to 7-20, 1937
I last saw her alive on 7-20, 1937 Death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	(?)
Other contributory causes of importance: Chronic atrophic arthritis	10 yrs

Name of operation none Date of
What test confirmed diagnosis? physical & 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? ✓ (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) George H. Wood, M. D.
(Address) Carthage Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2
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