

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.

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler  
Township Poplar Bluff  
City Poplar Bluff (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 3007

File No. 33784  
Registered No. 215  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1937

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. - 16 - 1875

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 62 11 13

to have occurred on the date stated above, at 7:10 a.m.

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

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: Myocarditis  
93d!

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ill

MOTHER 13. NAME William Shade Gowen

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? Histology Was there an autopsy? Yes

15. MAIDEN NAME Nansie Potts

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

17. INFORMANT Astle Gowen

18. BURIAL, CREMATION, OR REMOVAL PLACE Figgott, Ark DATE Sept. 5 - 1937

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER Green Funeral Service

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

20. FILED 9/5 1937 Obstetrical Registrar

If so, specify \_\_\_\_\_

(Signed) Gowen W. Green

(Address) Poplar Bluff Mo

