

JAN 17 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Cole
Township _____
City Jefferson City (No. _____, _____ St. _____ Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 45110
Registered No. 312

2. FULL NAME Everett Cowell #27323 Colored

(a) Residence, No. Missouri State Penitentiary Ward. Jefferson City, Mo.
(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

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1897

7. AGE YEARS 40 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mo. State Prison (ADDRESS) J. C. Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennettville, Mo. DATE Dec. 6 1937

19. UNDERTAKER Heinricks Undertaking Co (ADDRESS) Jefferson City, Mo.

20. FILED 10/61 1937 J. B. Spollen Registrar. (Address) Jefferson City, Mo.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-29-37, 19____, to 12-3-37, 19____.

I last saw him alive on 12-3-37, 19____. Death is said

to have occurred on the date stated above, at 2:30 P.m.

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

Date of onset

LOBAR PNEUMONIA

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) W. W. R. _____, M. D.

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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