

JAN 19 1938

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

Do not use this space.

43

~~45242~~

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Franklin
Township ~~Franklin~~ Boles
City (No., St. Ward)

Registration District No. 293
Primary Registration District No. 5411

2. FULL NAME Richard Cowling

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

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ida Cowling

22. HEREBY CERTIFY That I attended deceased from Nov. 10 1937 to Jan 4 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18th, 1863

I last saw him alive on Jan 4 1938. Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 16

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. Stair Builder
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.....

Hypertrophy of
Right parathyroid gland
with
secondary hyperparathyroidism
and
hypertrophy of
parathyroid glands
Other contributory causes of importance:
Hypertrophy of
right parathyroid gland
and
hypertrophy of
parathyroid glands

12. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

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

FATHER 13. NAME William Cowling

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

MOTHER 15. MAIDEN NAME Elizabeth Cowling

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) England

17. INFORMANT Irving Cowling (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Summit, Mo. DATE Jan. 6th, 1938

19. UNDERTAKER Otto & Co. (ADDRESS) Washington, Mo.

20. FILED 1-10 38 Mary O'Grady Registrar.

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? No

If so, specify
(Signed) Frank G. Mays, M.D.
(Address) 911 20th St., Washington Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

