REC'D MAR 24 1938

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

Do not use this space.

95

1. PLACE OF DEATH
County Ste. Genevieve
Township Jackson
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 6028

File No. 8073
Registered No. 10

2. FULL NAME Albert Joseph Gowen 500

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS about 74 MONTHS — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Mo

FATHER
13. NAME Al Gowen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

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

17. INFORMANT (ADDRESS) Lee Gowen Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lesterville Mo DATE Feb 6 1938

19. UNDERTAKER (ADDRESS) Lee C Basler Ste Genevieve Mo

20. FILED Feb 5 1938 T. W. Douglas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 5, 1938
I last saw him alive on Feb 4, 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 2-1-38 |

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Other contributory causes of importance:
Apoplexy (Cerebral Hemorrhage 1-27-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) Arthur E Sexauer, M. D.
706 (Address) Ste Genevieve Mo

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.