REC'D APR 18 1938

17

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

Do not use this space.

1. PLACE OF DEATH
County Carroll
Township Prairie
City ~~North Norborne~~ (No. ..... St. ..... Ward)

Registration District No. 138
Primary Registration District No. 5198

File No. 10387
Registered No. 85

2. FULL NAME Thomas Benton Cowsert 263

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

Length of residence in city or town where death occurred yrs. 5 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 Alice C. Cowsert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 8 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer.
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) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millwill Ray Co Mo

FATHER
13. NAME Robert P. Cowsert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

MOTHER
15. MAIDEN NAME Martha Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) A. M. Cowsert Norborne Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newhope Cemetery DATE March 13 1938

19. UNDERTAKER (ADDRESS) R R Boggeson Hardin Mo.

20. FILED March 15 1938 B. C. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8 1938 to March 13 1938
I last saw him alive on March 13 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy, due to Atherosmatous Arteries with coronary disease

Date of onset Dont Know

Other contributory causes of importance: 94 B.

Name of operation not any 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? No
If so, specify .....
(Signed) L. R. Colby, M. D.
(Address) Norborne Mo R.R. #1

133

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.