

REC'D OCT 20 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Henry  
 Township Clinton  
 City Clinton (No. 1)

Registration District No. 347  
 Primary Registration District No. 3018

File No. 32293  
 Registered No. 5574  
 St. Clinton Ward 1

## 2. FULL NAME

(a) Residence, No. 5574 St. Clinton Ward 1  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Evans Cowan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1932  
 7. AGE YEARS 55 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman  
 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

12. BIRTHPLACE (CITY OR TOWN) Virginia Mo  
 (STATE OR COUNTRY) States Co

13. NAME Samuel Stewart Cowan  
 14. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Michael Elizabeth Wade  
 16. BIRTHPLACE (CITY OR TOWN) Whiting W Va  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ned Cowan

18. BURIAL, CREMATION, OR REMOVAL PLACE Westline Mo DATE 9/24/38

19. UNDERTAKER (ADDRESS) Spencer Saw

20. FILED 9-26 1938 Dr J R Hampton Registrar 312

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1938, to Sept 22 1938

I last saw him alive on Sept 22 1938 Death is said to have occurred on the date stated above, at 6 p.m.

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

apoplexy Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) H. S. Walker M. D.

(Address) Clinton 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-255

Date Filed 10-11-38