

REC'D OCT 21 1938

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

32354

Do not use this space.

1. PLACE OF DEATH

(a) County Brown
(b) Township Archede
(c) City Ironton
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 391
Primary Registration District No. 4230 Registered No. 56
(d) Street No. St. Mary Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Baulah Rosemary Cowan

(a) Residence, No. West Fork Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 11 16 ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER 13. NAME Eric Loftan Cowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Modock Ill.

MOTHER 15. MAIDEN NAME Bessie Camden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT Eric Loftan Cowan
(ADDRESS) West Fork Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE West Fork Mo. DATE Sept 6 1938

19. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo.

20. FILED Sept 17 1938 R A Rache
Local Registrar. 352

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1938 to September 4, 1938

I last saw her alive on September 4, 1938 Death is said

to have occurred on the date stated above, at 7:20 P.M.

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

typhoid fever

Date of onset

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)

(Address)

W. O. Gray M. D.
Ironton, Missouri

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32354 Do not use this space.

1. PLACE OF DEATH (a) County: Iron (b) Township: (c) City: Stanton (d) Street No. (e) Length of residence in city or town where death occurred (f) How long in U.S., if of foreign birth? 2. PRINT FULL NAME: Beulah Rosemary Coonan (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX: F 4. COLOR OR RACE: W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: S 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7. AGE YEARS: 10 MONTHS: 0 DAYS: 16 If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED: Sept 12, 1938 R.A. Ranche Local Registrar.

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 4, 1938 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Typhoid Fever 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? If so, specify (Signed) George May, M. D. (Address) Stanton

SUPPLEMENTARY

S-32354