

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.

APR 21 1939

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

Do not use this space.

10638

1. PLACE OF DEATH

County Dade

Registration District No. 235

Township So. Morgan

Primary Registration District No. 5320

City Aldrich

(No. Rural P. R. 1)

File No. 10638

Registered No. 1

St. Resident Ward

2. FULL NAME

(a) Residence, No. R.D. Aldrich Mo. St.
(Usual place of abode)

Ward. Resident

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Simwiddie Cowan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>15</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>until death</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Dade Co., Mo.
(STATE OR COUNTRY)

13. NAME Robert Cowan

14. BIRTHPLACE (CITY OR TOWN) Bristol Tenn.
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Hailey

16. BIRTHPLACE (CITY OR TOWN) Bristol Tenn.
(STATE OR COUNTRY)

17. INFORMANT R. D. Cowan
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moore Cemetery DATE 3-7 1939

19. UNDERTAKER Moore Funeral Home
(ADDRESS) Daleville Mo.

20. FILE March 8 1939 Marion Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28 1939, to Mar 6 1939

I last saw him alive on Mar. 5 1939. Death is said

to have occurred on the date stated above, at 8 20 a.m.

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

Chronic Myocarditis

Date of onset
1936

Other contributory causes of importance:

Name of operation none 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? no Date of injury — 19—

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. D. Cowan M. D.

(Address) Dade Co., Mo.

RECEIVED

District Health Officer No. 6,

District File Number

6-39-796

Date Filed

APR 11 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10638
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 835
(b) Township S. Morgan Primary Registration District No. 0370 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME

(a) Residence, No. John Alexander Cowan 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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21, 1898</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3-6-1939</u>
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:
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.....
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 <u>R. G. Cowan</u> , M. D.
(Signed) <u>Siemfield mo</u>
(Address)

Local Registrar.

