

MAY 24 1939

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

Do not use this space.

16432

1. PLACE OF DEATH

113

County North
Township Union
City Sheldon (No. _____)

Registration District No. 904
Primary Registration District No. 6215

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harry Raymond Cowen

(a) Residence, No. _____ St. _____ Ward _____
(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 Male 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 Stadys M. Cowen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 2 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkins, Missouri

13. NAME Manford Cowen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Mary Roe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eric, Kansas

17. INFORMANT (ADDRESS) Coryl Wolverton, Lewis Ia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins DATE April 22, 1939

19. UNDERTAKER (ADDRESS) Stadams, Gamell, Mo.

20. FILED April 22, 1939 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 1939. Death is said to have occurred on the date stated above, at 11 A.m.

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

Suicide
Death by Hanging

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 Suicide Date of injury 4/20, 1939

Where did injury occur Sheldon, Mo. north of
(Specify city or town, county, and State)

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

Manner of injury Death by Hanging
Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Edw. Girling Corones
(Address) Sheldon, 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 Office No. 111

District File Number 29-403

Date Filed MAY 8 1939