

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

10311  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler  
(b) Township.....  
(c) City Poplar Bluff  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 500

Registration District No. 89  
Primary Registration District No. 3007  
(d) Street No. Brandon Hospital

Registered No. 59  
St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lee Gowan

(a) Residence, No. \_\_\_\_\_ St.  Essex, Mo.  
(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 Male  
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1886  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Iron County  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Lee Riley Gowan  
14. BIRTHPLACE (CITY OR TOWN) Iron County  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Drucilla Bounds  
16. BIRTHPLACE (CITY OR TOWN) St. Francis County  
(STATE OR COUNTRY) Missouri

17. INFORMANT James A. Gowan  
(ADDRESS) Essex, Missouri

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery  
PLACE Poplar Bluff, Mo. DATE 3/8/1940

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.  
(ADDRESS) Poplar Bluff, Mo.

20. FILED 3/9/40 H. O. Blasinger  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1940  
22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940 to March 4, 1940  
I last saw him alive on March 4, 1940 Death is said to have occurred on the date stated above, at 7:10 p.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Infarction  
Subacute Nephritis  
Date of onset 2-7-40

Other contributory causes of importance:  
Name of operation none 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) W. H. Gowan M. D.  
Poplar Bluff, Mo. (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_  
\_\_\_\_\_, or by B.J. Brentlinger

Registered Apprentice No. 208, working under my personal supervision,

Signed Scott A. Cotrell  
Scott A. Cotrell  
Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**