

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

Do not use this space.

14467

PLACE OF DEATH

County..... Henry
Township..... X
City..... Windsor (No. St. Ward)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 13

2. FULL NAME..... JAMES HENRY COWEN
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 4, 1898</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>9</u>	DAYS <u>12</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Lewis Station
(STATE OR COUNTRY)..... Missouri

10. NAME OF FATHER..... James H. Cowen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Sedalia
(STATE OR COUNTRY)..... Missouri
12. MAIDEN NAME OF MOTHER..... Eliza Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)..... Unknown

14. INFORMANT..... Mrs Mertle Jackson
(Address)..... Kansas City, Missouri.

15. Apr 17, 1929
REGISTRAR..... [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16, 1929
17. I HEREBY CERTIFY That I attended deceased from Apr 10, 1929 to Apr 17, 1929 that I last saw him alive on Apr 17, 1929 and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Polar Pneumonia
108 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? [Signature]
(Signed)..... [Signature] M. D.
Apr 16, 1929 (Address) Windsor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... Windsor Mo.
DATE OF BURIAL..... April 17, 1929

20. UNDERTAKER..... [Signature]
ADDRESS..... Windsor Mo.

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.

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PARENTS

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