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.

7524 a

AUG 22 1932

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

Do not use this space.

7524 a

File No. .....

Registered No. 25

1. PLACE OF DEATH

County Butler — Registration District No. 88

12 Township Coon Island — Primary Registration District No. 6268

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mamie Reattea Gowen

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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-27-1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	8	20	

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): " "
(c) Name of employer: "

9. BIRTHPLACE (CITY OR TOWN) Butler-Co.
(STATE OR COUNTRY) Missouri. 1

PARENTS

10. NAME OF FATHER Bert Gowen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrisburg
(STATE OR COUNTRY) Illinois 2
12. MAIDEN NAME OF MOTHER Ethel Agnes Ryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bentonville
(STATE OR COUNTRY) Virginia

14. INFORMANT Jessie Watson
(Address) Neelyville-Mo

15. FILED 8-3, 1932 R. L. Turner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-18-1932

17. I HEREBY CERTIFY, That I attended deceased from March 17th, 1932, to March-18-, 1932 that I last saw her alive on March-18-, 1932, and that death occurred, on the date stated above, at 7:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11A
11A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH? ——
DID AN OPERATION PRECEDE DEATH? —— DATE OF ——
WAS THERE AN AUTOPSY? ——
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. M. Lane, M. D
, 19 (Address) Harviell-Mo.

*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: Walnut Grove Cemetery
DATE OF BURIAL: 3-19-1932,

20. UNDERTAKER: N. T. Phelps, Undt Co.
ADDRESS: Poplar Bluff-Mo.

[illegible]

[illegible]