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

1. PLACE OF DEATH
County Callaway Registration District No. 108 File No. 8095-A
Township Calwood Primary Registration District No. 5137 Registered No. 5
City (No. St. Ward)

2. FULL NAME Ollie Rood Cowan
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. H. Cowan
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16-1862
7. AGE Years 71 Months 4 Days 2 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cum Berlin,
(STATE OR COUNTRY) Ohio
PARENTS
10. NAME OF FATHER R. D. Rood
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Vt.
12. MAIDEN NAME OF MOTHER Elner Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.
14. INFORMANT Mrs Bernard Harrison
(Address) McCredie Mo.
15. FILED 3/18/ 1934 R. S. Simese REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1934
17. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1933, to March 11, 1934 that I last saw her alive on Mar 11, 1934, and that death occurred, on the date stated above, at 6 a.m. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the urinary bladder
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
53
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 28/33
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. N. Greene, M.D
, 19 (Address) Fulton

*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 Old Aux Vasse Cemetery
DATE OF BURIAL 3/19 1934
20. UNDERTAKER Hughes Maupin
ADDRESS Aux Vasse Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 3 1934