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.

JUN 22 1934

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

Do not use this space.

File No. 17234
Registered No.

1. PLACE OF DEATH
County: Gasconade
Township: Centerview
City: (No. ..... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 5589

2. FULL NAME: Mary Craig Gowans

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 67 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. D. Gowans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13-1843

7. AGE: Years 91 | Months 3 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): Penn.

FATHER
13. NAME: Thomas N. McConnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Katherine Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT: H. M. Gowans
(ADDRESS): Centerview Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Centerview Cemetery DATE: May 15, 1934

19. UNDERTAKER: T. M. Goodman
(ADDRESS): Golden Mo.

20. FILED: May 15, 1934 Ewal Gentry, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1934

22. I HEREBY CERTIFY: That I attended deceased from Jan. 10, 1934, to May 13, 1934
I last saw he alive on May 12, 1934. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset
82 y
77 y
Other contributory causes of importance:
Cerebrovascular

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? ..... 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? No.
If so, specify .....
(Signed) J. E. Porter, M. D.
(Address) Warrenton Mo

Cerebral Hemorrhage