

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.

JAN 23 1935

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

Do not use this space.

44362

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township St. Charles Precinct Registration District No. 60333
 City St. Louis (No. St. Louis Co. Hospital) Registered No. 412
 St. _____ Ward _____

2. FULL NAME Harry Howard Cawood
 (a) Residence, No. 6325 Ridge Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28 1899
 7. AGE YEARS 35 MONTHS 1 DAYS 6
 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lodwick Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town
 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) St. Louis Mo
 13. NAME John Cawood
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 15. MAIDEN NAME Alice Cawood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Alice Cawood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral City DATE Dec 17 1934
 19. UNDERTAKER (ADDRESS) W. J. Dwyer
 20. FILED 12/15 1934 Robert J. Gaudin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/1934, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:20 PM.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia; involving both upper lobes, following protracted influenza type of cold, two weeks previous. Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Coroner's view Was there an autopsy? no

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) Tuta B. Timon 12/15/34
 (Address) 3718 Jennings, R4.
From St. Louis, Co. Mo.

History: had continued to work at night work, with definite severe head and chest cold, severe coughing and running temperature until finally collapsed Thursday morning 12/13/1934. Physician was called in that nite, and again the following morning, and patient was sent to St. Louis County hospital. Entered St. Louis County hospital at 11 AM 12/14/1934 and died 6:20 PM same date. Also pronounced pneumonia at St. Louis County Hospital.