

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.

AUG 16 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22842

1. PLACE OF DEATH
 County HENRY Registration District No. 347
 Townshp. HONCY CREEK Primary Registration District No. 5491
 City SLATON (No. _____) St. _____ Ward _____

2. FULL NAME C Levi Cowan
 (a) Residence, No. RFD 4 CLINTON St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 63 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie R Cowan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1871
 7. AGE YEARS 63 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo
 MOTHER FATHER 13. NAME Bradshaw Cowan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Harriet Shorb
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo
 17. INFORMANT Jessie R. Cowan
 (ADDRESS) Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hopewell DATE 7-13-35
 19. UNDERTAKER Fred Wilkinson
 (ADDRESS) Clinton Mo
 20. FILED 7-30, 1935 J. R. Hamilton
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-35
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
myocardial infarction
due to when I
was in the field
working
and died of
shock of strain
 Other contributory causes of importance:
Coronary atherosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____
 23. If death was due to external cause (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) W. D. Walker M. D.
 (Address) Clinton Mo

