

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.

DEC 3 1936

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

Do not use this space.

38442

1. PLACE OF DEATH

County Montgomery Co
Township Danville
City near Mississippi

Registration District No. 968
Primary Registration District No. h186E

File No.
Registered No.
St. Ward

2. FULL NAME

Samuel Abbott Mc 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Liddia Mc Cowan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13 - 1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>May 1926</u>	
	11. Total time (years) spent in this occupation <u>24 1/2</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calward Missouri</u>	
	13. NAME <u>John Lucas Mc Cowan</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
	15. MAIDEN NAME <u>Betty Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Elmer Mc Cowan Danville Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beonport</u> DATE <u>Oct 21</u> 19 <u>36</u>		
19. UNDERTAKER <u>Barton Baker</u> (ADDRESS) <u>Americus Mo</u>		
20. FILED <u>Oct 22</u> , 19 <u>36</u> <u>Mrs Elmer Gregory</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-11- 1936, to 10-20 1936
Last saw him alive on 10-18 1936 Death is said to have occurred on the date stated above, at 3:40 am.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 10-11-36

Other contributory causes of importance

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. H. [Signature], M. D.
(Address) Beonport Mo

