DEC 14 1937

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

Do not use this space.

40610

File No.
Registered No.

1. PLACE OF DEATH
County: Bates
Township: Howard
City: Hume (No. 8, North Eddy St. St. Ward)
Registration District No. 51
Primary Registration District No. 4030

2. FULL NAME: Helen Ruth Cowan

(a) Residence, No. 8 North Eddy St Ft Scott, Ks. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred XX yrs. XX mos. XX ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June-30-1916

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bronson, Kansas. Public Schools.
10. Date deceased last worked at this occupation (month and year): October 29-1937
11. Total time (years) spent in this occupation: 2½

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Uniontown, Kansas.

FATHER

13. NAME: Harry V. Cowan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Uniontown, Kansas.

MOTHER

15. MAIDEN NAME: Anna M. Smith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington, Ills.

17. INFORMANT: H. V. Cowan.
(ADDRESS) Fort Scott, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Uniontown, Cem. DATE: Nov-2- 1937

19. UNDERTAKER: George A. Konantz.
(ADDRESS) Fort Scott, Kansas.

20. FILED: Nov 6, 1937 Mrs Fern Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 31, 1937

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 ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	10/31-37
Passenger in car	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/31, 1937
Where did injury occur? Hartville Cass Co. Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
On public highway
Manner of injury: Automobile Wreck
Nature of injury: Skull fracture,

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. L. Claypool D.O. M.D.
(Address) Hume, Mo.

210m

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
(a) County Bates — Registration District No. 51
(b) Township — Primary Registration District No. 4030 — Registered No.
(c) City Hume — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Ruth Cowan
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 21 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED Nov 6, 1937 Fern H Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1937

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 ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:
Car
21 m

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 automobile wreck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. S. Claypool, M. D.
(Address) Hume Mo

SUPPLEMENTARY
Passenger in Car