

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

Do not use this space.

REC'D MAR 17 1938

**1. PLACE OF DEATH**

47 County Iron  
 Township Arcadia  
 City Arcadia (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 391  
 Primary Registration District No. 5546a

File No. 6949  
 Registered No. 13

**2. FULL NAME** William Henry Gowenlock 542

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 - 1858  
 7. AGE YEARS 82 MONTHS 10 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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 1

12. BIRTHPLACE (CITY OR TOWN) Watertown, N. Y. (STATE OR COUNTRY)

13. NAME George Gowenlock

14. BIRTHPLACE (CITY OR TOWN) Manchester, England (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Ella Noel Gowenlock (ADDRESS) Arcadia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE B-11, 381 DATE 2-21 1938

19. UNDERTAKER Woman White & Son (ADDRESS) Grayton, Mo.

20. FILED Mar 2 1938 Ra Rasche Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1938, to 2-18, 1938  
 I last saw him alive on 2/18, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

ante cardiac Failure Date of onset 2/18/38  
100  
 Other contributory causes of importance:  
High Blood Pressure  
Semiplety

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) P. E. Harland, M. D.  
 (Address) Grayton, Mo.

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.

