FILED JUN 13 1941

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

Do not use this space.

17713

File No. 2

Registered No. 1

1. PLACE OF DEATH
County: Dunklin
Township:
City: Kennett, (No. 0, St. Ward)
Registration District No. 288
Primary Registration District No. 172

2. FULL NAME: Not named (Baby Cowsert)
(a) Residence, No. Princess Hospital Ward. Hayti, Missouri
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1941

7. AGE

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett Missouri

FATHER
13. NAME: David Fredrick Cowsert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rosy Clear, Ill.

MOTHER
15. MAIDEN NAME: Clara Mae McElhaney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Braggadosia, Missouri

17. INFORMANT: Fredrick Cowsert
(ADDRESS): Hayti, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hayti Cem. DATE: 6-10 1941

19. UNDERTAKER: Fanning
(ADDRESS): Hayti

20. FILED: 6-10- 1941 Thelma Bowen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1941, to June 9, 1941
I last saw her alive on June 9, 1941. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury to head in attempt to forcep delivery	

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?
If so, specify
(Signed) G. T. Fresnell, M. D.
(Address) Kennett, Missouri

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

RECEIVED
District Health Officer No. 2
District File Number 64-803
Date Filed 6/11/41