

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

Do not use this space.

~~20474~~

20375

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 56  
St. .... Ward)

**2. FULL NAME** John Cowan

(a) Residence. No. 00 Home 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Scotland

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. Informant Miss Helen Blain.  
(Address) Kansas City Kansas.  
1438 A South 80th st.

15. Filed 6-23-30 T. E. Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22-30 19  
3:00A M

I HEREBY CERTIFY, That I attended deceased from March 1929 to June 21, 1930, (that I last saw him alive on June 21, 1930 and that death occurred, on the date stated above at 2 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Degeneration  
93c

77 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

(IF NOT AT PLACE OF DEATH) .....  
DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) T. E. Gay M. D.  
, 19 (Address) Richmond Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunny Slope Cem DATE OF BURIAL 6-22-30 19

20. UNDERTAKER A. W. MANSUR ADDRESS RICHMOND 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.

JUL 25 1930

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1930 PERM. NO. 10000

