

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

Do not use this space.

23148

**1. PLACE OF DEATH**

County..... Registration District No. 79  
Township..... Primary Registration District No. 1003  
City..... St. Louis (No. 6219<sup>th</sup> Victoria)

File No.....  
Registered No. 6843  
St. .... Ward)

**2. FULL NAME**

Helia Dowling  
(a) Residence No. 4 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 52

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(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)  
Ireland

PARENTS

10. NAME OF FATHER John Dowling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

12. MAIDEN NAME OF MOTHER Julia Harlow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

14. INFORMANT Mrs. P.H. Murphy  
(Address) 6219<sup>th</sup> Victoria

15. FILED 11 23 1927 Maub Starscoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to July 27, 1927, that I last saw him alive on July 27, 1927, and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Malignant (Carcinoma) tumor of viscera of abdomen probably (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTACTED (duration) yrs. mos. ds.

IF NOT IN PLACE OF DEATH? St Louis

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M.D. Hawker, M. D.

, 19 (Address) 1506 Holliamont

\*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 DATE OF BURIAL

to above 7-30 1927

20. UNDERTAKER ADDRESS

Arthur J. Donnelly 2037 Market

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.

1506 *Hedysarum*

1-2

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

6843

Name: Delia Bowling

Who died at: St. Louis, Mo. on July 28, 1927

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Malignant (Carcinoma)  
Tumor of viscera of abdomen

Contributory: of the Stomach, Information given over Phone by  
Dr. W. H. Hawker. Div. of U.S. 1-17-28

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

S-23148