

SEP 26 1927

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

Do not use this space.

23660

## 1. PLACE OF DEATH

County BuchananRegistration District No. 155

File No. ....

Township .....

Primary Registration District No. 100Registered No. 820City St. Joseph(No. 1115 Isadore Street)

St. ....

Ward) .....

2. FULL NAME Franklin Marion Dowell(a) Residence, No. 1115 Isadore Street

St. ....

Ward. ....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs.

mos. ....

da. ....

How long in U.S., if of foreign birth?

yrs. ....

mos. ....

da. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Narcisis Harlow Dowell6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7, 1841

## 7. AGE

YEARS

85

MONTHS

8

DAYS

7

IF LESS than 1 day, ..... hrs. or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chattanooga

(STATE OR COUNTRY)

Tennessee

## 10. NAME OF FATHER

Peter Dowell11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Tennessee12. MAIDEN NAME OF MOTHER Lucinda Lovett13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Tennessee

## 14.

INFORMANT

Miss Mary Dowell

(Address)

1115 Isadore Street

## 15.

FILED

15

19

John C. White REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 14, 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from Aug 11 1927, to Aug 12 1927, that I last saw h. in in alive on Aug 27 1927, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
Aug 11th 1927  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) 6 yrs. .... mos. .... da.

## 18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Dole M. D.8.15, 19 27 (Address) St. Joseph, 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

DATE OF BURIAL

Bucklin MissouriAug 16 19 27

## 20. UNDERTAKER

ADDRESS

H. O. Sidenfades1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

100

11/2/74