WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
15547
15278
4490

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....
Township ..... Primary Registration District No. 1003 ..... Registered No. .....
City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Eddie Lee Dowell

(a) Residence. No. 2320 Chouteau St. 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13, 1894

7. AGE: Years 33 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Miss.

PARENTS
10. NAME OF FATHER: Edmond West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.
12. MAIDEN NAME OF MOTHER: Ophelia Nevell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED FEB 25 1928 19 Max C. Starkloff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/21, 1928 to 4/23, 1928 that I last saw her alive on 4/23, 1928, and that death occurred, on the date stated above, at 9:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Hepatitis
Cause Prob Yellow
atrophy of Liver
about (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 125B
125A
(duration) yrs. mos. ds.

124-B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) L. J. Howell, M. D
, 19 (Address) City Hosp. #2

*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: Memphis, Tenn
DATE OF BURIAL: April 27th 1928

20. UNDERTAKER: A. L. Beal
ADDRESS: 2726 Lucas Ave