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.

22547

1. PLACE OF DEATH

County.................. Registration District No. 781 .... File No. ....

Township.................. Primary Registration District No. 6008 .... Registered No. 6765

City St Louis (No. 5744 Cologne St. ....Ward)

2. FULL NAME Joseph Daniel McDowell

(a) Residence. No. 5744 Cologne St., 2 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 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): Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Oct 14 1927

7. AGE: Years — Months 8 Days 13 If LESS than 1 day, ...hrs. or ......min.

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) St Louis (State or country) Mo

PARENTS

10. NAME OF FATHER Walter R. McDowell

11. BIRTHPLACE OF FATHER (city or town) Cleveland (State or country) Ohio

12. MAIDEN NAME OF MOTHER Katherine Harkins

13. BIRTHPLACE OF MOTHER (city or town) St Louis (State or country) Mo

14. Informant Walter R. McDowell (Address) 5744 Cologne

15. Filed 22 ...... 19...... May C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (month, day and year) 6 – 27 – 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15 1928, to June 27th 1928, that I last saw him alive on June 27th, 1928, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

198

158

113B

(duration) ......yrs. 2 mos. – ds.

CONTRIBUTORY (SECONDARY) Enteritis

(duration) ......yrs. ......mos. ......ds.

18. Where was disease contracted if not at place of death? ....

0 Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hugh C. Harkins, M. D.

, 19 (Address) 5801a Easton Ave

*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 Calvary Cem — DATE OF BURIAL June 28 1928

20. UNDERTAKER Alexander Ed Sons — ADDRESS 6175 Delmar