

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

Do not use this space.

26528

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township.....
City..... St. Joseph, (No. 1011, 5th Ave.)
Primary Registration District No. 1001

File No.....
Registered No. 1012
St. Ward)

2. FULL NAME

Elizabeth F. Dowell

(a) Residence. No..... St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 L.W. Dowell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 13, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 9

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) Morgan Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Drake Bowen

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

12. MAIDEN NAME OF MOTHER Delilah Richards

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

14. INFORMANT Mrs. C. E. Boles
(Address) 1011 5th Ave.

15. FILED Aug 24 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1928 to Aug 22nd 1928, and that I last saw her alive on Aug 22nd 1928, and that death occurred, on the date stated above, at 9:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97 (duration) Don't know yrs. mos. da.
CONTRIBUTORY Cerebral Hemorrhage.
(SECONDARY)

18. WHERE 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? Clinical
(Signed) A. E. Holley, M. D.

Aug 23, 1928 (Address) 822 Edmond St. 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

Ashland Cemetery

Aug. 25, 1928

20. UNDERTAKER ADDRESS
Walter Melickoff 1302 Faraon St.

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.

SEP 24 1928

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

