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

Do not use this space.

29453-B A

JUN 28 1929

PLACE OF DEATH

County: Stoddard — Registration District No.: 834 — File No.:

Township: Pike — Primary Registration District No.: 6097 — Registered No.: 26

City: (No. , St. Ward)

2. FULL NAME: Pauline McDowell

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

29453-B

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-15-1927

7. AGE: Years —; Months 9; Days 25; 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)
(STATE OR COUNTRY): Stod Co. Mo

PARENTS

10. NAME OF FATHER: Robert McDowell

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

12. MAIDEN NAME OF MOTHER: Mary E. Henson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Stod Co Mo

14. INFORMANT: Robert McDowell
(Address): Fita Mo

15. FILED 3-25-1929 V. McKearly, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-9 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/2, 1928 to 8/9, 1928 that I last saw he alive on 8/7, 1928 and that death occurred, on the date stated above, at 10 O'Clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping Cough
9
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) X Edward Ford X, M. D.
3-25-1929 (Address) Bloomfield 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: Gravel Hill Cem, Mo — DATE OF BURIAL: 8-10 1928

20. UNDERTAKER: J. A. Childs — ADDRESS: Bloomfield, Mo

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.