

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

Do not use this space.

28070

1. PLACE OF DEATH

County Gasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City Carthage (No.) St. Ward)

2. FULL NAME

Emma Dowling
(a) Residence. No. 918 Mc. Gregor St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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 J. B. Dowling
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Hendellville
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Mr. Dowling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY).....
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY).....

14. INFORMANT J. H. Dowling
(Address) 918 Mc. Gregor

15. FILED 8/24, 1929 C. M. Detamore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23, 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929 to Aug 22, 1929
that I last saw her alive on Aug 22, 1929, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myxenteria
97
13C

(duration) yrs. mos. da.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Walter H. ... M. D.
, 19 (Address) Carthage 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 Neodesha, Kans DATE OF BURIAL Aug 25, 1929

20. UNDERTAKER Knell Mortuary ADDRESS Carthage

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.

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2-2-1929
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