

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

Do not use this space.

25683

1. PLACE OF DEATH

County Moniteau
Towship W-alpa
City California mo (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 33 St. Ward)

2. FULL NAME

Floyd Leslie Dowdy
(a) Residence. No. 1 St. Richland mo Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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) 8-8-17

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 8 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richland (STATE OR COUNTRY) mo

10. NAME OF FATHER L. M. Dowdy

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

12. MAIDEN NAME OF MOTHER L. M. Rhoad

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

14. INFORMANT E. L. Dowdy (Address) Richland mo

15. FILED July 15, 1931 J. W. Raitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 19 31

17. I HEREBY CERTIFY That I attended deceased from June 2, 1931, to July 13, 1931 that I last saw h. alive on July 13, 1931, and that death occurred, on the date stated above, at 7:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric ulcer
117 (duration) 117 yrs. mos. da.
126
CONTRIBUTORY Enterocolitis (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 9
WAS THERE AN AUTOPSY? No X-ray
WHAT TEST CONFIRMED DIAGNOSIS? Operation + Examination
(Signed) L. L. Latham, M. D.
, 19 (Address) California 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 Dowdy DATE OF BURIAL July 14 1931

20. UNDERTAKER J & J ADDRESS Stoutland 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.

PARENTS



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau
Township _____
City California (No. _____) St. _____ (Ward) _____

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 33

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 13, 1931 gas n Rath Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. If statement of OCCUPATION is ve-

SUPPLEMENTARY

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