

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

Do not use this space.

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1. PLACE OF DEATH

26 County Cole Registration District No. 213
 Township Osage Primary Registration District No. 52933
 City _____ (No. _____) _____ St. _____ Ward _____

File No. 31
 Registered No. _____

2. FULL NAME Herman McDowell

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-13-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	60	10	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) Cole County, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Not Known

FATHER 14. BIRTHPLACE (CITY OR TOWN) 31
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Amanda McDowell
 (ADDRESS) Cross Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Bend, Mo DATE Feb-8- 1932

19. UNDERTAKER Thos. G. Gordon, Mo
 (ADDRESS) Russellville Mo

20. FILED 2/10/32 Dr. DeLoach
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1930, 19____, to Jan. 7th 1932, 19____

I last saw him alive on Jan. 5th 1932, 19____. Death is said to have occurred on the date stated above, at 6 p. m.

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

Cancer of Stomach

Date of onset _____

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 Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) C. S. Glover, M. D.
 (Address) Russellville 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.

MAR 22 1932

