

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

Do not use this space.

25101

1. PLACE OF DEATH

103 County Stoddard
Township Liberty
City Berlin Mo (No.)

Registration District No. 826
Primary Registration District No. 6098a

File No. 41
Registered No. 41
St. Ward)

2. FULL NAME Rachel Fay Dowdy

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin J Dowdy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1908

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
24 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Dunklin Co Mo

13. NAME John Tuttle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 2

15. MAIDEN NAME Josephine Ringo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croffard Co Mo

17. INFORMANT (ADDRESS) Josephine Ringo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Chapple DATE 7-23 1922

19. UNDERTAKER (ADDRESS) B. M. Hopkins Berlin Mo

20. FILED 8/10 19 Terrence A. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1932 to 7-22 1932

I last saw her alive on 7-22 1932 Death is said to have occurred on the date stated above, at 7:00 m.

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

Benign Malaria Date of onset 7-8-32

Other contributory causes of importance: 38 38 38

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) J. F. Biddle M. D.
(Address) Berlin, Mo.

AUG 27 1932

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.

