

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

Do not use this space.

32317

1. PLACE OF DEATH

County Jackson Registration District No. 303
Township New Primary Registration District No. 3202
City Kennett (No. 1004) Bales Ave St. 3040 Ward 3040

File No. _____
Registered No. 3040
St. 3040 Ward 3040

2. FULL NAME

Ruth Marie McDowell
(a) Residence, No. 1004 Bales Ave St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

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 or wife) Frank McDowell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1887
7. AGE YEARS 80 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Lreland 15
13. NAME Patricia Donnelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Margaret Courtney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) Mrs. C. L. Courtney 1004 Bales Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE 10/14/37
19. UNDERTAKER (ADDRESS) M. J. Kelly & Co 920 E. 1st
20. FILED 10/13 12:30 P.M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to Oct 16 1932
I last saw him alive on Oct 11 1932 Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Uremia
131
133B
131
Other contributory causes of importance:
Chronic Interstitial Nephritis
Date of onset 9-20-32
1930

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. E. Sheldon M. D.
(Address) Boy Connection Bldg

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.

J. B. Shelton

