

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

Do not use this space.

35134

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo. (No. Veterans Administration Hospital st. 3rd Ward)

2. FULL NAME

Robert H. Dow

(a) Residence, No. Veterans Hospital Excelsior Springs, Ward. 1317-a Carr, St. Louis, Mo.
 (Usual place of abode) MO. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Dow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1894-4-7</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>4</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

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

13. NAME Lorenzo Dow

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

15. MAIDEN NAME Nancy (Maiden name unknown)

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

17. INFORMANT Hospital Records, Veterans Hospital
 (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis, Mo. DATE 11-18-32

19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 11/17 1932
W. H. Craven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 24 1932 to Nov. 12 1932

I last saw him alive on Nov. 12 1932 Death is said

to have occurred on the date stated above, at 2:23 AM

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

Meningitis, Tuberculous

Date of onset

Other contributory causes of importance:

Name of operation none Date of 11-18-32

What test confirmed diagnosis? Physical examination 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 Unknown

Signed Samuel Johnson, M. D.

(Address) Excelsior Springs, Mo.

JAN 7 1933

Review item or 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.

Burial Jefferson Burial

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**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 Clay Registration District No. 198
Township G. Spaa Primary Registration District No. 3011
City G. Spaa (No. _____) St. _____ Ward _____

File No. _____
Registered No. 140
St. _____ Ward _____

2. FULL NAME

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

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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8. Trade, profession, or particular kind of work done, as splinner, 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)

MOTHER FATHER 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__

19. UNDERTAKER (ADDRESS)

20. FILED 1-18, 1933 Y. D. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12, 1932

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:

Myocardial infarction & lungs
Date of onset _____
Other contributory causes of importance: 23

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) _____

SUPPLEMENTARY

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

EA... H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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