

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

Do not use this space.

21061

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170
 7 Township Central Primary Registration District No. 6748 N.
 7 City Richmond Mts. (No. 67 Crestwood Drive St. _____ Ward _____)
 2. FULL NAME James S. Dowling
 (a) Residence No. 67 Crestwood Drive Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 yrs. mos. 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>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Katherine Dowling</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23-1868</u> | | |
| 7. AGE | YEARS <u>65</u> | MONTHS <u>2</u> |
| | DAYS <u>23</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>House Painter</u> | |
| | 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) <u>4.5 year</u> | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u> | | |
| MOTHER FATHER | 13. NAME <u>James S. Dowling</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Scotland</u> (STATE OR COUNTRY) | |
| | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) | |
| 17. INFORMANT <u>James S. Dowling Jr.</u> (ADDRESS) <u>67 Crestwood Dr.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>June 19, 1933</u> | | |
| 19. UNDERTAKER <u>Chullinane Bros.</u> (ADDRESS) <u>1710 N. Grand Blvd.</u> | | |
| 20. FILED <u>6/17</u> 19 <u>33</u> <u>Rott. J. Ambrose</u> Registrar | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 16, 1933
 I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis (Atherosclerotic Heart Disease) 6 mos.
930
900
930
 Other contributory causes of importance:
Coronary Occlusion 4 mos.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? 0

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? No
 If so, specify _____
 (Signed) Arthur E. Thoms, M. D.
 (Address) Howe Club 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.

69
8
31

Hiram S. Liggett

3720 Washington

12-30^{p.m.} - 3 p.m.

625 Union Club Bldg
Stamms