

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

Do not use this space.

23445

1. PLACE OF DEATH

County Jasper Registration District No. 406
 Township _____ Primary Registration District No. 4240
 City Carl Junction (No. _____) St. _____ Ward _____

2. FULL NAME

Andrew Watt McDowell
 (a) Residence, No. _____ St. Troy Ward no
 (Usual place of abode)
 Length of residence in city or town where death occurred 42 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 Mary Boughton nee McDowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1856
 7. AGE YEARS 76 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Newspaper Publisher
 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) January 1933 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlington Indiana

MOTHER 13. NAME Calvin C McDowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME Nancy A Stramer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs R C Potter (ADDRESS) Carl Junction Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction Mo. DATE July 27 1933

19. UNDERTAKER C W Rovey (ADDRESS) Carl Junction Mo.

20. FILED July 20 1933 C W Rovey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1933
 22. I HEREBY CERTIFY, that I attended deceased from July 27 1933 to July 27 1933.
 First seen alive on July 27 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
82A
11B
82A
 Date of onset _____
 Other contributory causes of importance:
stroke attack of infarction Jan 1933

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) W G Rogers M. D.
 (Address) Carl Junction

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.

AUG 20 1933

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JUL 19 1964