

MAR 24 1934

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

Do not use this space.

7530

1. PLACE OF DEATH

107 County Leppo Registration District No. 568
Township Atherfield Primary Registration District No. 6149
City (No. _____) St. _____ Ward _____

2. FULL NAME

Emma Jane Mc Dowell
(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 <u>Female</u>	4. COLOR OR RACE <u>W</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>not known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>8</u>
	DAYS <u>29</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>None</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>N. W. Kope</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>James Buchanan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Catherine</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manchester</u>	
17. INFORMANT (ADDRESS) <u>John J. [unclear]</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Rest Home</u>	DATE <u>2/18 1934</u>
19. UNDERTAKER (ADDRESS) <u>Smith & [unclear]</u>		
20. FILED <u>3/1 1934</u> <u>J. F. Reed</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1934 to Feb. 17, 1934
I last saw her alive on Feb. 16, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 2/15/34
Stroke

Other contributory causes of importance:
None

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. Reed, M. D.
(Address) [unclear]

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.

