

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.

APR 25 1934

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

Do not use this space.

9052  
1249

**1. PLACE OF DEATH**

County Jackson Registration District No. 111  
 Township 1st Primary Registration District No. 1002  
 City London City (No. 2438 Wash. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Bernard C'Dowd

(a) Residence, No. 2438 Wash St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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** Mrs. Catherine O'Dowd

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) March 11th, 1858

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 11 7

**8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.** Retired

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Insurance

**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) inn.

**13. NAME** Bernard C'Dowd

**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Ireland

**15. MAIDEN NAME** Eliza Grimmer

**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Ireland

**17. INFORMANT** Mrs. Ray Jolliff  
 (ADDRESS) 1719 N. of 60th Street, East St. Louis

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE St. Mary's Cem DATE 3/20/34 1934

**19. UNDERTAKER** J. P. Barry  
 (ADDRESS) 1187

**20. FILED** 3-19 1934 monroe  
acet Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) March 18th 1934

**22. I HEREBY CERTIFY**, That I attended deceased from March 10, 1933, to March 18, 1934  
 I last saw him \_\_\_\_\_ alive on March 17, 1934. Death is said

to have occurred on the date stated above, at 5:00 m.

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

Coronary thrombosis

Date of onset  
3-18-34

Other contributory causes of importance:

Atherosclerosis  
Cardio-vascular, renal  
complex

1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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) H. D. Brynjulf M. D.

(Address) Medical Arts Bldg

Dr A E Douglas  
Baltimore, Md  
Jan 24