

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

Do not use this space.

13626

APR 25 1934

1. PLACE OF DEATH
 County Monteau Registration District No. 1095
 Township Monteau Primary Registration District No. 4336
 City Clarksburg, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Ada May McDowell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Mc Dowell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14, 1853</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, 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.	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wooster Ohio</u>			
	13. NAME <u>D. F. Siegenthaler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
FATHER	15. MAIDEN NAME <u>Bridenthal</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs. Ada May McDowell</u> (ADDRESS) <u>Clarksburg Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarksburg Mo.</u> DATE <u>4-7</u> 19 <u>34</u>				
19. UNDERTAKER <u>J. W. Wilson & Son</u> (ADDRESS) <u>Clarksburg Mo.</u>				
20. FILED <u>4-9</u> 19 <u>34</u> <u>J. M. [Signature]</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 5 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1934, to 4-5 1934.
 I last saw her alive on 4-5 1934 Death is said to have occurred on the date stated above, at 9:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Senile paralysis. Date of onset _____

Other contributory causes of importance
920 820

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) P. C. Jarris, M. D.
 (Address) Clarksburg, Mo.

Exact statement of OCCUPATION is very important.

Des 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

13626

Nonresident

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ada May McDowell

Who died at _____ on Apr 5 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married~~, widowed or divorced: _____

Date of birth _____ Age: Years 78 Months 11 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Senile paralysis *PPD*

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician A. C. Jarris

Address of physician Washington, Mo.

Signature of Registrar J. C. Martin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1095

Primary Reg. Dist. No. 4336

Very truly yours,
E. J. McGaugh M.D.
Special Agent. *yc*

S-13624