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.

JUN 19 1934

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

Do not use this space.

16729

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1602 — Registered No. 20945
City Kansas City (No. 3835 Agnes St. Ward)

2. FULL NAME Mrs. Abbie Dowd
(a) Residence, No. 3835 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Dowd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1851

7. AGE: YEARS 82 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER
13. NAME James Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Frank Dowd 3835 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE 5/11/34 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 W Linwood

20. FILED May 11, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934 19

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934, to May 8, 1934
I last saw her alive on May 8, 1934 Death is said to have occurred on the date stated above, at 8:25 A M
The principal cause of death and related causes of importance were as follows:

Ventricular Fibrillation — Date of onset

95B

Other contributory causes of importance:

Name of operation None 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) Chas. F. Clark, M. D.
(Address) 223 Argyle Bldg.