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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

OCT 8 1934

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

Do not use this space.

30088

1. PLACE OF DEATH

County: Marion — Registration District No.: 548.

Township: Fabius — Primary Registration District No.: 5743.

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: 58.

2. FULL NAME Alice O. McDowell

(a) Residence, No. ..... Palmyra, Mo. 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. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.A. McDowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	0	19	

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) At present.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Shelby County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert Jones

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

MOTHER

15. MAIDEN NAME Virginia Hunter

16. BIRTHPLACE (CITY OR TOWN) Norecord (STATE OR COUNTRY)

17. INFORMANT H.A. McDowell (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sigsbee, Shelby Co., DATE 8/8/34 19

19. UNDERTAKER Lewis Bros (ADDRESS) Palmyra, Mo.

20. FILED 8-6 1934 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to August 6, 1934, that I last saw her alive on July 30, 1934. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

	Date of onset
Acute bacillary dysentery	July 28 1934
B.B.	

Other contributory causes of importance: Result of bad drinking water

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) Dr. P.H. Stubblefield M.D.

(Address) Palmyra, Mo.