NOV 8

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

Do not use this space.

35880

1. PLACE OF DEATH
County Howell
Township Howell
City ~~West Plains, Mo.~~ (No. ..... , ... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 5535

File No. .....
Registered No. .....

2. FULL NAME Mary Delia McDowell
(a) Residence, No. Rover Route. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1880.

7. AGE: Years 54 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Oct. 20, 1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Wis.

FATHER
13. NAME John Higginbotham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME ---------- Huffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Chester McDowell
(ADDRESS) West Plains, Mo. Rover Rt.

18. BURIAL, CREMATION, OR REMOVAL Howell Valley Cem.
PLACE Howell Twp. DATE Oct. 24, 1934

19. UNDERTAKER Hal Jeans Undertaker
(ADDRESS) West Plains, Mo.

20. FILED 10-24 1934 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-15, 1933 to Oct-21, 1934
I last saw her alive on Oct. 21, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Q.S.O.	

Other contributory causes of importance:
Bronchial Asthma

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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 ....., 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? No
If so, specify .....
(Signed) C. D. Lyon, M. D.
(Address) West Plains, Mo.

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