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.

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

FEB 20 1935

Do not use this space.

278

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 21 — Registered No. 102

City St. Joseph, Mo. (No. 903, Mitchell Ave. St. Ward)

2. FULL NAME Elvira O'Dowd

(a) Residence, No. 903 Mitchell Ave. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15, 1864

7. AGE: YEARS 70 — MONTHS 2 — DAYS 7 — 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): Manhattan, Kansas.

FATHER

13. NAME: John H. Richards.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Shea
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): John O'Dowd. 903 Mitchell St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.
PLACE St. Joseph, Mo. DATE Jan. 25 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden. St. Joseph, Mo.

20. FILED 1-24, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 22, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on Jan 27, 1935, to ..., 19...

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 9:40P m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance: Arterio Sclerosis

Name of operation: None — Date of ...

What test confirmed diagnosis? Clin Hist — 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) Forrest Thomas Conner, M. D.

(Address) 731 Taaroo