

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

Do not use this space.

JUL 24 1935

20352

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Center Primary Registration District No. 5727
 City (No. _____) St. _____ Ward _____
 2. FULL NAME Marcus Alexander Dowd
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male
 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 Margarette Dowd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
90 6 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Michigan
 13. NAME Dowd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 15. MAIDEN NAME Barne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT J. M. Dowd
 (ADDRESS) J. M. Dowd - 909
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rhodes Chapel - 6/28/35 DATE 1935
 19. UNDERTAKER (ADDRESS) A. M. G. Co. Margarette Dowd

20. FILED June 26 1935 S. C. B. Baranther Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1930
 22. I HEREBY CERTIFY that I attended deceased from Apr 1, 1935, to June 27, 1930
 last saw h. in alive on June 26, 1935 Death is said to have occurred on the date stated above, at 4:10 m.
 The principal cause of death and related causes of importance were as follows:

Spinal decay Date of onset _____

Other contributory causes of importance: reflex action

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 ✓, 1930

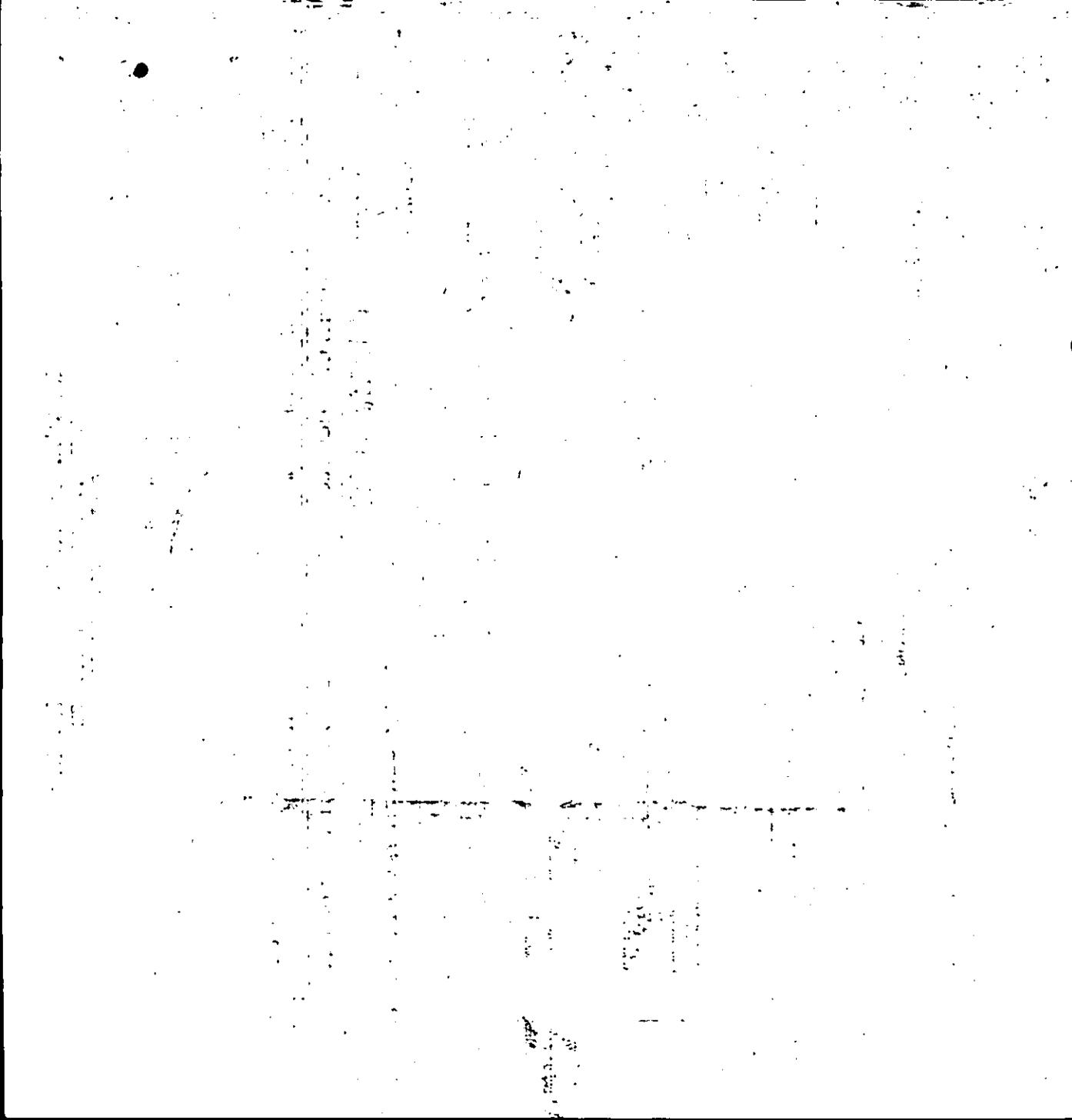
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) M. B. Barber, M. D.
 (Address) Fredericktown

P. C. A. Schwanw.



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

ALL INFORMATION CALLED
FOR MUST BE MADE A PART OF
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township Caster
City (No. _____) _____ St. _____ Ward _____

Registration District No. 538
Primary Registration District No. 5727

File No. _____
Registered No. 43

2. FULL NAME

Marcus Alexander Dowd

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 6 7

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

FATHER MOTHER

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Aug 10 1955 E. C. Slaughter Registrar

By: R. D. Schwarzer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Myocarditis acute
Stone in bladder

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) M. B. Barber, M. D.

(Address) Fredericktown 740

20352

AUG 6 1953