

DEC 11 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 001

City St. Joseph

(No. 2014 Jones St. St. Ward)

File No. 35241

Registered No. 1212

## 2. FULL NAME

Anna McDowell

(a) Residence, No. 2014 Jones St. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Robt. L. McDowell		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 20, 1875		
7. AGE YEARS 60	MONTHS 5	DAYS 1
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) Buchanan Co., Mo.  
(STATE OR COUNTRY)

13. NAME Jesse Bledsoe

14. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Sila Tobin

16. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo.  
(STATE OR COUNTRY)17. INFORMANT Robt. L. McDowell  
(ADDRESS) 2014 Jones St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE #6 Cemetery Date Nov, 24, 1935,19. UNDERTAKER Walter Marshall  
(ADDRESS) 1302 Aaron St. St. Joseph, Mo.20. FILED 1-23 1935 John A. Bender  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 21, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from

Nov 4 1935 to Nov 21 1935

I last saw h. or alive on Nov 11 1935 Death is said

to have occurred on the date stated above, at 8.00 m. P.M.

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

Date of onset

Acute Endocarditis Nov 6 35

9/21

Other contributory causes of importance:  
Rheumatic arthritis 1931

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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) J. R. Elliott, M. D.

(Address) 824 Edmund St

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.

RECORDED FOR BINDING

1935-11-24-33

