

Aug 10 1936

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

Do not use this space.

14577

1. PLACE OF DEATH

County Cole  
Township .....  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. 104  
St. .... Ward

2. FULL NAME William J. McDowell

(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 Minnie McDowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-4-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
46 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician  
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) Jefferson City, Mo.

13. NAME William McDowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

15. MAIDEN NAME Carrie Eckenrauth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT Mrs. Minnie McDowell (ADDRESS) Jefferson City, Missouri

18. BURIAL CREMATION, OR REMOVAL PLACE River View Cem DATE Apr-6--- 19. 3

19. UNDERTAKER Thos G. Gordon (ADDRESS) Jefferson City Mo.

20. FILED 4/7/36 1936 W. B. Bradford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1936

22. I HEREBY CERTIFY, That I attended deceased from John not attend deceased  
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Chest wound from 32 cal  
revolver self inflicted  
Bullet passed through  
right lung  
Other contributory causes of importance: 107

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide suicide Date of injury 4-5-1936  
Where did injury occur? Jefferson City, Cole, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In home near Jefferson City RR3  
Manner of injury Revolver self-inflicted  
Nature of injury Punctured of right lung

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Dr. R. E. Weaver Coroner  
(Address) Russellville 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.

