

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **1292**), **Hamilton Ave.** St. Ward)

32621

File No.
Registered No. **8494**

2. FULL NAME **Dillie Jane Dowling**

(a) Residence, No. **1292 Hamilton Ave.** St. **5** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Dowling**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 11th, 1850**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 **5** **3**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home**

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) **Tenn.**

13. NAME **Stovall**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

17. INFORMANT **Herman Dowling**
(ADDRESS) **4984 A. Wardel**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Humboldt, Tenn** DATE **8/15/36**

19. UNDERTAKER **Tronest Hnd. Co.**
(ADDRESS) **3710 N. 9th St**

20. FILED **AUG 15 1936** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/13/36**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7/12**, 19**36**, to **8/12**, 19**36**

I last saw her alive on **7/12**, 19**36**. Death is said

to have occurred on the date stated above, at **2:10** p. m.

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

Date of onset

Retro Peritonitis
fracture left hip, Acute

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical findings** 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 **fell on street**

Nature of injury **fracture hip**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify..... (Signed) **J. A. DeLoach**, M. D.

(Address) **3007 Normal Av**

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.

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