OCT 21 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 38656

Registered No. 112

1. PLACE OF DEATH
County: Phelps
Township: Rolla
City: (No. , St. Ward)

Registration District No. 677
Primary Registration District No. 5901

2. FULL NAME: Chas. Edward 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 31, 1936

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
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): Phelps Co Mo.

FATHER
13. NAME: D. K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER
15. MAIDEN NAME: Ellen McDowell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co. Mo

17. INFORMANT (ADDRESS): John Lewis Rolla Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rolla DATE: Oct. 7, 1936

19. UNDERTAKER (ADDRESS): Neal Ballard, acting - County Coroner Rolla, Mo

20. FILED: Oct 7, 1936 Jos. F. Ayers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1936, to Oct. 6, 1936
I last saw him alive on Oct. 6, 1936. Death is said to have occurred on the date stated above, at 8 A.M. m.
The principal cause of death and related causes of importance were as follows:

Ileo Colitis — Date of onset: Sept 21

Other contributory causes of importance:

Name of operation: none 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? No
If so, specify

(Signed) Geo. W. Hayson, M. D.
(Address) Rolla 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.