

NOV 23 1936

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

Do not use this space.

45873

1. PLACE OF DEATH

County Rally Registration District No. 725-
Township Washer Primary Registration District No. 5-960-c
City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

John Allen Dowell
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 19

OCCUPATION 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) spends in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putte Co Mo

FATHER 13. NAME William Dowell

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

MOTHER 15. MAIDEN NAME Annie Lee Mattheis

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

17. INFORMANT Orl Cleveland (ADDRESS) Washer no

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Dec 25 1936

19. UNDERTAKER W. H. Couch (ADDRESS) Center no

20. FILED Dec 27 1936 J. T. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936 to Dec 24, 1936
I last saw him alive on Dec 7, 1936 Death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset unknown
Functional heart disturbance
Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis: clinical 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify E. R. Motley M. D.
(Signed) Hannibal, Mo.
(Address) _____

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.

WHITE PAPER, WITH IMPADING INK—THIS IS A PERMANENT RECORD

