

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.

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

Do not use this space.

AUG 18 1936

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City ST. LOUIS No. PEOPLES HOSPITAL St. 6783 (Ward)

File No. 48683

2. FULL NAME

BABY DOWDY (STILL BORN)
(a) Residence, No. 3140 FRANKLIN St. 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) STILLBORN

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-36

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MO.

FATHER 13. NAME WILLIAM DOWDY

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

MOTHER 15. MAIDEN NAME ORA L. EVANS

16. BIRTHPLACE (CITY OR TOWN) E. ST. LOUIS
(STATE OR COUNTRY) ILL.

17. INFORMANT FATHER Wm. Dowdy
(ADDRESS) 3140 Franklin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE July 6, 1936

19. UNDERTAKER Jas. H. Randles Son
(ADDRESS) 920 N. Bernard

20. FILED JUL 6 1936 J. B. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to 7-5-1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

STILL BORN

Date of onset

Other contributory causes of importance:

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? _____ 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 _____

(Signed) C. M. Jones, M. D.
(Address) 3447 Pine Blvd.

