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

FEB 23 1937

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 4475
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 2
City Richmond Heights (No. St. Marys Hospital St. Ward)

2. FULL NAME Annie McDowell
(a) Residence, No. 1399 Union Blvd. St., 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: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1863

7. AGE: YEARS 73 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework. 2 30
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): Carrollton. Kentucky. 2

FATHER
13. NAME: Martin Hoban.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER
15. MAIDEN NAME: Mary Moehler.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 15

17. INFORMANT (ADDRESS): Mrs. Veshta McDowell. 1399 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cemetery DATE Jan. 5. 1937

19. UNDERTAKER (ADDRESS): Bernard Nichols 1138 N 6th St

20. FILED Jan. 4, 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to Jan 3rd, 1937
I last saw her alive on Jan 3rd, 1936 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Influenza, Bronchial Pneumonia — Date of onset

Other contributory causes of importance:
Senility & Cardio Vascular disease

Name of operation: None Date of
What test confirmed diagnosis? None 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? None (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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Pierce J Reilly, M. D.
(Address) 6125 Bartmer