

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH
58 County Linn Registration District No. 496
Township Brookfield Primary Registration District No. 3025
1 City Brookfield No. 1 St. _____ Ward _____
72. FULL NAME Ouben Lovejoy Mc Dowell
(a) Residence, No. 460 Hunt St., 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabelle McDowell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1860
7. AGE YEARS 77 MONTHS 1 DAYS 2 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Galva Ill

13. NAME Matthew K. McDowell

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

15. MAIDEN NAME Melinda Ketch

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

17. INFORMANT Mrs K M Cook
(ADDRESS) Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE July 28 1937

19. UNDERTAKER Hill Funeral & Chapel
(ADDRESS) Brookfield Mo

20. FILED Aug 9 1937 J. A. Adams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1937

22. I HEREBY CERTIFY That I attended deceased from 5-1-37, 1937 to 7-26, 1937
I last saw him alive on 7-26, 1937 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Uremia Date of onset 5 Dec

Other contributory causes of importance:

Retention - enlarged and 2 yrs

abscessed, proctostomy

uremy fistula

Name of operation NO Date of _____

What test confirmed diagnosis? usual 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 _____, 1937

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 3

Nature of injury _____

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

If so, specify _____

(Signed) W. C. Crouch

(Address) Brookfield 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.

