

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.

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon Registration District No. 872 File No. 42689
Township Drywood Primary Registration District No. 6156a Registered No. _____
City _____ (No. _____, St. _____ Ward _____)

2. FULL NAME Mrs. Eva S. McDowell
(a) Residence, No. Milo, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>80</u>	<u>0</u>	<u>0</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Tozwell County, Ill.

13. NAME Henry A. Sweet

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

15. MAIDEN NAME Mary Webber

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

17. INFORMANT S. A. McDowell
(ADDRESS) Milo Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Welborn Cemetery DATE Nov 20, 37

19. UNDERTAKER Eichinger Funeral Home
(ADDRESS) Nevada Missouri

20. FILED Nov 20 1937 Mrs. P. H. Earl
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1937 to Nov. 17 1937
I last saw him _____ alive on _____, 19____. 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:

Acute Dilatation of heart sudden

Other contributory causes of importance: 92
Heart valvular lesion

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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? No
If so, specify _____ (Signed) C. L. Kerth _____, M. D.
(Address) Milo, Mo.

OCCUPATION
FATHER
MOTHER

