

DEC 28 1938

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

41504
Do not use this space.

11196

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
(b) Township..... Primary Registration District No. Registered No.
(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bessie McDowell**

(a) Residence, No. 4319 Kennerly Avenue St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown- 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 32

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwood Louisiana

FATHER 13. NAME Henry Neyland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilkerson County Mississippi

MOTHER 15. MAIDEN NAME Maggie Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwood Louisiana

17. INFORMANT (ADDRESS) Rosa Scruggs 4565 Aldine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12/29/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED DEC 28 1938 J. D. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to Dec. 23, 1938

I last saw her alive on Dec. 23, 1938 Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

Tularemia

Date of onset 12/11/38

Other contributory causes of importance: Tularemia pneumonia

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) H. G. Lyman, M. D.
(Address) Homer G. Phillips Hosp.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2
50M-9-19-38
I X1605

STATEMENT BY LICENSED EMBALMER

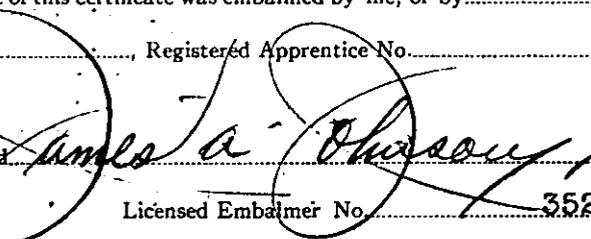
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.