

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Ashley
City Moore (No.)

Registration District No. 683
Primary Registration District No. 5911

File No. 44152
Registered No. 8
Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1891

7. AGE YEARS 47 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

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

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) Spencerburg Mo.

13. NAME John Dowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Inlaw Virginia

15. MAIDEN NAME Elizabeth Inlaw

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

17. INFORMANT Mrs. Ivin McBrade (ADDRESS) 2771 1/2 E. 11th St. Mo.

18. BURIAL, CREMATION OR REMOVAL Suburban Cemetery DATE Dec 10 1938

19. UNDERTAKER Grace Paulshead (ADDRESS) 1321 1/2 E. 11th St. Mo.

20. FILED Dec 12 1938 Mrs. Geo Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1938 1938, to 12-8-38 1938

I last saw him alive on 12-8-38 1938. Death is said to have occurred on the date stated above, at 10p/m.

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

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? 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 , 1938

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) G. H. Wilcox M. D.

(Address) Bowling Green 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-947

Date Filed 1/10/39