DEC'D MAR 24 1939

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

D. F. Cain

7402

Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot
(b) Township Hayti
or
(c) City
Registration District No. 653
Primary Registration District No. 5864
Registered No. 19
(d) Street No. ..... 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 Ralph Dowdy
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1917
7. AGE: YEARS 21 | MONTHS 3 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Caruthersville Mo

FATHER
13. NAME Harry Dowdy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti, Mo

MOTHER
15. MAIDEN NAME Ina Bruce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

17. INFORMANT (ADDRESS) Harry B Dowdy Hayti Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Prairie DATE 3-18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) [illegible] Caruthersville Mo
20. FILED 3-20 1939 J. W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Mar 17, 1939
I last saw him alive on March 17, 1939 Death is said to have occurred on the date stated above, at 4-15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	8
25	
Other contributory causes of importance: Fecal Fistula	1936

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 ....., 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. F. Cain, M. D.
(Address) Caruthersville, Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] supplied. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Noel C Deau

Licensed Embalmer No. 3941

P. O. Address Coruthersville

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

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