

REC'D APR 11 1939

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

10285
Do not use this space.

1. PLACE OF DEATH: (a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3028 Registered No. 94
 (c) City Fulton (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 0 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Vincent O'Dowd
 (a) Residence, No. 16 W 57th Terrace, Kansas City St. (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 Male 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 Catherine O'Dowd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1900

7. AGE YEARS 38 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City 0

FATHER 13. NAME Edward George O'Dowd 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER 15. MAIDEN NAME Sadie Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Records: State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Mar. 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. ...
1407 Brush Creek R.C. Mo.

20. FILED Mar. 29, 1939 R. N. Crews
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1939, to March 29, 1939
 I last saw him alive on MARCH 29, 1939. Death is said to have occurred on the date stated above, at 1:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Bronchopneumonia
Pulmonary Military Tuberculosis
 Date of onset Indefinite

Other contributory causes of importance:
Syphilis - General Paralysis 19129 pleu
John Gussard

Name of operation _____ Date of _____
 What test confirmed diagnosis Chemical analysis 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) George W. Farnsworth, M. D.
 (Address) State Hosp #1 Fulton 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.