

REC'D APR 15 1939

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

11817

Do not use this space.

1. PLACE OF DEATH

(a) County Raymond Registration District No. 1102
(b) Township Paulina Primary Registration District No. 7850
(c) City _____ (d) Street No. 5878 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Bridge St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Dowdy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House work
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) Linn

FATHER 13. NAME D. Ivy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn

MOTHER 15. MAIDEN NAME Sarah Sledge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Husband, J. M. Dowdy
(ADDRESS) Bridge St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens DATE Feb 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Lander & Son
Camden, Mo.

20. FILED Feb. 9 1939 Mrs. T. R. Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Feb. 3, 1939
I last saw her alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 4 1/2 p.m.
The principal cause of death and related causes of importance were as follows:

cause of death not determined Date of onset March 1938
probable cause of death
① pleuro-pneumonia
② a. blood dyscrasia
Sole report not returned yet

Other contributory causes of importance:
Secondary anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? S.T.S. 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? _____
If so, specify _____

(Signed) Arthur H. Hines, M. D.

(Address) Hayti, Mo.

STATEMENT OF THE LICENSED EMBALMER
CERTIFICATE OF EMBALMENT

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.