REC'D AUG 16 1939

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

25487
Do not use this space.

31

1. PLACE OF DEATH

(a) County Davies | Registration District No. 249

(b) Township Washington | Primary Registration District No. 5347 | Registered No.

(c) City | (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 400 William Print Dowell

(a) Residence, No. Washington Township Davies Mo 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 – 1863

7. AGE: YEARS 75 | MONTHS 7 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jan 1 – 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co. Mo.

FATHER
13. NAME Alexander Dowell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Indiana

MOTHER
15. MAIDEN NAME Rebecca Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Indiana

17. INFORMANT (ADDRESS) Ralph Dowell Gilman City Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Grove DATE Jan 12 – 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W D Haines Gilman City Mo.

20. FILED July 24 1939 Mrs H. A. Cunningham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 11, 1939
I last saw him alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 2

Other contributory causes of importance: 107 lbs

Name of operation | Date of
What test confirmed diagnosis? None | 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? No
If so, specify
(Signed) W L Warren, M. D.
(Address) Gilman City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

RECEIVED
District Health Officer No. 11
District File Number 83-9-1030
Date Filed AUG 10 1939

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, ...
W D Haines, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Silver City Md

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.