

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

Do not use this space.

9760

APR 25 1934

1. PLACE OF DEATH

County Moniteau
Township Pilot Grove
City

Registration District No. 577
Primary Registration District No. 5773-

File No.
Registered No. 1/
St. Ward)

2. FULL NAME

Emma Francis Dowell

(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 F.M. 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 Ernest Dowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59

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

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) Moniteau County

13. NAME R. Lish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME No Record

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

17. INFORMANT (ADDRESS) Lathrop, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE Mar 19 1934

19. UNDERTAKER (ADDRESS) W. H. F. Kieween

20. FILED 4-10-1934 J. M. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from January 29 1934 to March 17 1934
I last saw her alive on January 29 1934. Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Third Stroke of Palsy
Wid. suddenly when third
stroke came.

Date of onset

Other contributory causes of importance
820 0291

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) H. B. Blacksten M. D.

(Address) Verdeilles, Mo. R.R.

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.

735-1-15-31

