

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.

JUL 2 2 1935

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

Do not use this space.

19650

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 7285  
Township KAW Primary Registration District No. 1002 Registered No. 7285  
City Kansas City (No. St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Walter E. Dowler

(a) Residence, No. 3232 East 29th 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 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 Mamie Dowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
61 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R. R. Con-  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ductor  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Sedalia  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Dowler

14. BIRTHPLACE (CITY OR TOWN) No information  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) No information  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Mamie Dowler  
(ADDRESS) 3232 East 29th Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sedalia, Mo DATE June 4, 1935

19. UNDERTAKER S. Time + McClure  
(ADDRESS) 223 1/2 Gillham Plaza

20. FILED 6-4 1935 M. M. Crowl  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to June 2, 1935  
I last saw him alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 11:45 P. M.

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

Tuberculosis Date of onset ?  
Chronic cystitis 1933  
Staphylococcus Endocarditis May 1935

Other contributory causes of importance: 80

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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? no  
If so, specify \_\_\_\_\_

(Signed) J. C. Easton, M. D.  
(Address) 822 Ogden Bldg  
H. B. W.

