

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

Do not use this space.

JUN 12 1937

19105

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. 1
 City Kansas City (No. Trinity Lutheran Hospital St. 5 Ward)

2. FULL NAME John Francis Dowd
 (a) Residence, No. 4124 Montgall Ave. St. 5 Ward. 5
 (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

MEDICAL CERTIFICATE OF DEATH

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 Ella May Dowd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Data 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) Missouri

13. NAME Jeremiah Dowd

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

15. MAIDEN NAME No record

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

17. INFORMANT R. M. Withers
 (ADDRESS) 4124 Montgall, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE May 20, 1937
Mt. St. Mary's Cem.

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED May 21, 1937 M. M. Crowe, reg.
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

2. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to May 20, 1937
 I last saw him alive on May 20, 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Chronic interstitial Nephritis?
Hypertension
131

Other contributory causes of importance:
arteriosclerosis
anemia 3 days

Name of operation no Date of no
 What test confirmed diagnosis? blood chemistry 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 no
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. J. Harwood, M. D.
 (Address) 130 Prof Bldg, KCMO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

01.2447

U.P. 13-B/6.

2:30 - 5 PM.