REC'D FEB 25 1939

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

3157
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe. Registration District No. 583
(b) Township Jefferson. Primary Registration District No. 57[illegible]A 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 Francis Dowell.
(a) Residence, No. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18-1849

7. AGE: YEARS 89 MONTHS 5 DAYS 21 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. General Farming
10. Date deceased last worked at this occupation (month and year) Several years
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander Tenn.

FATHER
13. NAME Eligah Dowell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Barbee.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Thos. E. Dowell Stoutsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florida Mo DATE Feby 10th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson + Son - Monroe City Mo.

20. FILED 2-18 - 1939 R. P. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby - 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Feb. 8, 1939
I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 7 15 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriae Sclerosis — Date of onset unknown

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Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical 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) John E. Brown, M. D.
515 (Address) Perry Mo

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... so that it may be properly classified.

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.