

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

15034
 Do not use this space.

FILED MAY 12 1944

1. PLACE OF DEATH

(a) County Laclede Registration District No. 170
 (b) Township Marysfield Primary Registration District No. 5631 Registered No. 5
 (c) City Rural (d) Street No. 1 St. 1
 (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 80 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LYDIA MARGARET DOWTY

(a) Residence, No. husband R#3 - no. Laclede co St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Louis M Dowty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1862

7. AGE YEARS 81 MONTHS 4 DAYS 13 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 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) 1942 11. Total time (years) spent in this occupation all the time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Ill

FATHER 13. NAME Henry Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Jane Deardoff

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

17. INFORMANT (ADDRESS) Mrs. Claud Young Richland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dowty Cemetery DATE April 23 1944

19. FUNERAL DIRECTOR (ADDRESS) King of Beans, St. Louis, Mo

20. FILED 5-5-44 19 Grace Roper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1944

22. I HEREBY CERTIFY, That, I attended deceased from Dec 16 1943, to April 21 1944
 I last saw her alive on April 21 1944 Death is said to have occurred on the date stated above, at 11:57 a.m.

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

Basilar Carcinoma of Esophagus
 Date of onset 1943
 Other contributory causes of importance: H6

Name of operation None Date of None
 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?.....

If so, specify.....

(Signed) C. E. Coulter, M. D.
 (Address) St. Louis

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.

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Received

Laclede County Health Unit

File No. 4-44-58

Date Filed 5/11/44

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by *Chris Bochy* was *not embalmed*, Registered Apprentice No.

working under my personal supervision. Signed.....

Licensed Embalmer No.

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.)