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

Do not use this space.

32306

1. PLACE OF DEATH
County St. Francois — Registration District No. 775
Township Perry — Primary Registration District No. 6020
City Bonne Terre, Mo (No. ..... St. ..... Ward) — File No. ..... Registered No. 71

2. FULL NAME James Henry McDowell
(a) Residence. No. ..... Bonne Terre, Mo St., ... Ward, ... (If nonresident, give city or town and State)
(Usual place of abode)
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.

OCT 26 1931

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.

LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mildred McDowell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Constable
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm H. McDowell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Margaret Vandiver
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Wm. Pratt
(Address) Bonne Terre, Mo.

15. FILED 9/2 1931 T. A. Son REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-1- 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Sept 1, 1931, that I last saw h[illegible] alive on Aug 31, 1931, and that death occurred, on the date stated above, at 7 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculous pneumonitis
24 A
1208
..... (duration) ..... yrs. ..... mos. 19 ds.
CONTRIBUTORY (SECONDARY) Acute bronchitis
..... (duration) ..... yrs. ..... mos. 19 ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH At Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Examinations
(Signed) Lee Turley, M. D.
9-2, 1931 (Address) Bonne Terre Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bonne Terre Cem.	9-3 1931
20. UNDERTAKER J. McLaughlin	ADDRESS
Geo. L. Bryan	Bonne Terre

RECORD