

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

Do not use this space.

40577

1. PLACE OF DEATH

County Jackson
Township Kear
City H.C.Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 40577
Registered No. 40577
St. _____ Ward _____

2. FULL NAME

Remmi Alice McDowell

(a) Residence. No. 1315 Benton Blvd St. 9 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 or (or) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-13-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER King Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Fannie Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

14. INFORMANT Paul Cook (Address) 1613 Redges St.

15. FILED 77 1928 May 10 North Central REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928 to Dec 7, 1928 that I last saw him alive on Dec 7, 1928, and that death occurred, on the date stated above, at 9:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

900 (duration) 3 yrs. mos. da. 102
CONTRIBUTORY High Blood Pressure (SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

Did an OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) B. S. Dodd, M. D.

77 1928 (Address) 3210 E. 15th Kansas 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 California, Mo. DATE OF BURIAL 12-8, 1928

20. UNDERTAKER Ms. C. L. Foster ADDRESS H.C.Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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Be 4050

Don't get used to it.