

JUL 12 1935

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

Do not use this space.

21482

1. PLACE OF DEATH
County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. Barnes Hospital) St. Jackson Ward no.

2. FULL NAME OLA Lanza Dow
(a) Residence, No. Jackson, Mo. St. N.P. Ward. Jackson Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 5440
Registered No. 5440
St. Jackson Ward no.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Edna Cotner Dow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20-1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>3</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1-1935 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

13. NAME Henry Dow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Jackson Mo

15. MAIDEN NAME Sarah Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Jackson Mo

17. INFORMANT Kurtz Allen (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo DATE June 25 1935

19. UNDERTAKER Cragcroft Miller (ADDRESS) Jackson Mo

20. FILED JUN 24 1935 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 23, 1935. I last saw him... alive on June 23, 1935. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Aplastic Anemia Date of onset

Splenectomy for above

Other contributory causes of importance:

Name of operation Splenectomy Date of June 24 1935

What test confirmed diagnosis? Laboratory. 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) Thomas D. Thompson, M. D. (Address) 2720 Washington Blvd. St. Louis, 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.

