

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

500-9



**1. PLACE OF DEATH**

County Clinton Registration District No. 707 File No. 10  
 Township Crossland Primary Registration District No. 5175 Registered No. 1  
 City Plattsburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Downey  
 (a) Residence. No. 801 Clay St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 12 yrs. 4 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? 72 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Irish 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (or) WIFE OF Mary Rebecca Downey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 \_\_\_\_\_ 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) County Kerry  
 (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Thomas Downey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kerry  
 (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Julia Dunn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ireland

14. Informant Mrs Susan Downey  
 (Address) Plattsburg, Mo.

15. FILED 1-19-1922 REGISTRAR E. H. ...

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1922

17. I HEREBY CERTIFY, That I attended deceased from 1918, 19\_\_\_\_, to Jan 5, 1922 that I last saw him alive on Jan 5, 1922, and that death occurred, on the date stated above, at 9 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Arterio-Sclerosis

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) Robert W. ... M. D.  
1-19-1922 (Address) Plattsburg 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plattsburg Mo. DATE OF BURIAL 1-6-1922

20. UNDERTAKER W. H. Thompson Plattsburg Mo. ADDRESS \_\_\_\_\_

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.

