

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

Do not use this space.

7712^a

1. PLACE OF DEATH

County Dickinson Registration District No. 339 File No. _____
 Township Gallop Primary Registration District No. 3367 Registered No. _____
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Mary C Downing

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Downing (decd)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 02 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>1</u>	<u>15</u>		

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Jean Mathews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs Helen Stewart
 (Address) San Antonio Mo

15. FILED 3/24 1927 J. J. Phelps
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1927

17. I HEREBY CERTIFY That I attended deceased from Jaw 17 to March 21 1927 that I last saw h. alive on March 21 1927, and that death occurred, on the date stated above, at 6:30 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
arteria Sclerosis
 (SECONDARY) with arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS Cholesterol
 (Signed) John J. ... M. D.
 Address St. Louis

*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 Cape DATE OF BURIAL 3/25 1927

20. UNDERTAKER Ed ... ADDRESS Pattonburg

K. 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.

