

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

Do not use this space.

30242

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township St. Mary Primary Registration District No. 1002  
 City Lancaster City (No. 3715 Chestnut) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leland H. Downs  
 (a) Residence No. 3715 Chestnut St. 16 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. da. / How long in U.S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 6 24

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

9. BIRTHPLACE (CITY OR TOWN) Currensville  
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER H. C. Downs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton Co.  
 (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Mrs. Hebel

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

14. INFORMANT H. C. Downs  
 (Address) 3715 Chestnut

15. FILED 10/2 2777 D. Crome  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1927, to Oct. 1, 1927.  
 that I last saw h. \_\_\_\_\_ alive on Oct. 1, 1927, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH!\* WAS AS FOLLOWS:

Haemorrhage - Gastro-intestinal

1238 (duration) yrs. mos. da.

CONTRIBUTORY Typhoid Sept. 1 - 1927  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Swager Bank Spring?  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab.  
 (Signed) M. T. Williams  
10/2, 1927 (Address) 3447 Prospect

\*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 Mt. Moriah DATE OF BURIAL Oct. 3 1927

20. UNDERTAKER W. Newcomer's Sons ADDRESS F. C. Mo.

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.

35th + Prospect

Lin. 1180

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