

AY 29 1928

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

Do not use this space.

12334

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1213 North 10th Street.) St. _____ Ward _____
File No. _____
Registered No. 443

2. FULL NAME Honora M. Downey.
(a) Residence No. 1213 North 10th Street 6t. Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S., if of foreign birth? 75 yrs. mos. ds.

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 OF (OR) WIFE OF

Daniel Downey.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 25, 1838.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 3 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Menlo Village.
(STATE OR COUNTRY) Galway Ireland.

PARENTS

10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Miss Margaret Downey.
(Address) 1213 North 10th Street.

15. FILED 6-1928 J. J. G. G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 19 28

17. I HEREBY CERTIFY That I attended deceased from 3-28 April 1928 to April 5 1928 that I last saw h. ST. alive on April 4 1928, and that death occurred, on the date stated above, at 1.4. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
100 lbs 107A
16' 5 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

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

(Signed) Frank H. Hagan M. D.
4/5/1928 (Address) Templeman Bldg

*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 DATE OF BURIAL

Mount Olivet Cemetery April 7 1928

20. UNDERTAKER ADDRESS
H. O. Sidney 1802 Union St.

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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