DEC 31 1928

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

Do not use this space.

37361

1. PLACE OF DEATH
County Johnson
Township Warrensburg.
City Warrensburg. (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. .....
Registered No. .....

2. FULL NAME J. M. Downing.

(a) Residence. No. 109 E. North. St., 2nd Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Celia Downing.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28. 1848.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	0	2.	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) KY.

PARENTS

10. NAME OF FATHER John Downing.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) KY.
12. MAIDEN NAME OF MOTHER Eliza McCormack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) KY.

14. INFORMANT Mrs. Celia Downing.
(Address) Warrensburg. Mo.

15. FILED Dec 8. 1928 Wm E Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30. 1928.

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Nov 30, 1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7: A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
12 yrs (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
(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? Laboratory
(Signed) Wm E Patterson, M. D
Dec 3, 1928 (Address) Warrensburg 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Providence Cemetery.	Dec. 1 1928
20. UNDERTAKER	ADDRESS
R. Q. Phillips.	Warrensburg. 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.