

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

Do not use this space.

15901

1. PLACE OF DEATH

County H. Linn
Township Canaan
City MOUNT ST. JOSE. (No.)

Registration District No. 1123
Primary Registration District No. 6248 F

File No.
Registered No. 139
St. Ward)

2. FULL NAME

Edward Downey
(a) Residence. No. 3517 Albert Ave. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ed. Downey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-9-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>9</u>	<u>29</u>	<u>-</u>

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO

10. NAME OF FATHER Donald Downey

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

12. MAIDEN NAME OF MOTHER May Wagner

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

14. INFORMANT Gertrude Downey
(Address) 3517 Albert Ave.

15. FILED Apr. 9 19 29 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-8-29 19

17. I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19, to 4-8-29, 19, that I last saw him alive on 4-8-29, 19, and that death occurred, on the date stated above, at 12:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A PULMONARY TUBERCULOSIS
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 TUBERCULOUS LARYNGITIS
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Various
(Signed) Thomas P. Bouchard, M. D.
, 19 (Address) St. Louis, 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. Resident Physician

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Canaan Cemetery DATE OF BURIAL Apr 11 19 29

20. UNDERTAKER Waltz Bros 3029 Lafayette St ADDRESS

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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