

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

Do not use this space.

18945

**1. PLACE OF DEATH**

County Camden Registration District No. 891  
 Township Little Prairie Primary Registration District No. 5862  
 City Mo... (No. ....) St. .... Ward)

File No. ....  
 Registered No. 60

**2. FULL NAME** Alfred Newton 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
About 32

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Tiptonville, Tenn  
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Jack Downing

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Downing  
 (Address) Micalay Mo.

15. FILED May 29 1929 Ada Martin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-10-1929

17. I HEREBY CERTIFY, That I attended deceased May 10 1929 to May 9 1929 that I last saw him alive on 5-9-29 and that death occurred, on the date stated above, at 10 PM in.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetes  
59

**CONTRIBUTORY (SECONDARY)**

Diabetic Coma  
 (duration) yrs. mos. ds.  
 (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 AUTOB? no

WHAT TEST CONFIRMED DIAGNOSIS? Feelings

(Signed) Alfred N. Downing M. D.

May 11, 1929 (Address) Proggobcis 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 Little Prairie Cemetery DATE OF BURIAL May-11-1929

20. UNDERTAKER J. L. La Forge ADDRESS Cambasville 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.

27 1929

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