

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

Do not use this space.

21850

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Salena Primary Registration District No. 2002  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1239 W St. 9th Ward. (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 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 Eda Downer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5-1872

7. AGE YEARS MONTHS DYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 10 23

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER James E. Downer

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

12. MAIDEN NAME OF MOTHER Clara Webb

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

14. INFORMANT Clara Downer  
 (Address) Joplin Mo

15. FILED 7/3/29 Al Benson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30-29

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 29 to 6-30-29 that I last saw him alive on 6-30-29 and that death occurred, on the date stated above, at 10 AM

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

Paresis  
83 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 76  
 (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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Chas M Balsley M. D.  
7/2 1929 (Address) Joplin 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 Forest Home Park DATE OF BURIAL 7/2/29

20. UNDERTAKER Hurlbut and Co ADDRESS Joplin 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.

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