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

Do not use this space. 40750

399

File No. 5157

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kan

City: K. C. Mo. (No. Lakeside Hospital St. Ward)

Registration District No.

Primary Registration District No. 1062

2. FULL NAME L. Vernon Downing

(a) Residence. No. 1226 Montgall St. 9 Ward. (If nonresident, give city or town and State)
(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.

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 Alberta Downing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	5	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hotel Keeper
(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) Ohio

PARENTS

10. NAME OF FATHER Oscar Downing

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

12. MAIDEN NAME OF MOTHER Julia Langley

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

14. INFORMANT Mrs. Alberta Downing
(Address) 1226 Montgall Ave

15. FILED 12/15, 1929 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-14-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1929, to Dec 14, 1929, that I last saw h. alive on Dec 14, 1929, and that death occurred, on the date stated above, at 7:30 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Exacerbation Chronic Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ascites

Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1226 Montgall K C Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. F. Conley, M. D.

12/15, 1929 (Address) Lakeside Hosp.

*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
Mt. Washington	Dec 16 1929
20. UNDERTAKER	**ADDRESS**
Mrs. E. L. Foster	K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Dr. [illegible]
Office 809 Chambers Bldg.
Hz. 6778
Lakeside Hosp. Lin. 0408