

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

Do not use this space.

4414

1. PLACE OF DEATH

County Worth  
Township Stetchell  
City Grant City (No. .... St. .... Ward)

Registration District No. 903  
Primary Registration District No. 6212

File No. ....  
Registered No. 3

2. FULL NAME

Rayle Dean Downing

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
9 | 5 | 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Leslie Downing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Wah Hipp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Wah Downing (Address) Grant City, Mo.

15. FILED 1/26, 1931 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1931, to Jan. 25 1931, that I last saw him alive on Jan. 24 1931, and that death occurred, on the date stated above, at 7:00 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Empysemia  
110A  
107A (duration) yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Bronchial  
Cremona (duration) yrs. .... mos. 5 ds.

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

DID AN OPERATION PRECEDE DEATH? W DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Impured Fluids  
(Signed) J. J. ... M. D.  
1-26, 1931 (Address) Grant City, 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 Isadorah Cemetery DATE OF BURIAL 1/26 1931

20. UNDERTAKER John C. Dumble ADDRESS Grant City

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.

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

MAR 27 1931

