

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

V. S. NO. 2

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.

NOV 21 1932

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

Do not use this space.

1. PLACE OF DEATH 85  
 County Buchanan Registration District No. 1001  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City St Joseph (No. Enroute to Hospital) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

31471

File No. \_\_\_\_\_  
 Registered No. 971

2. FULL NAME Anna Laura Downs  
 (a) Residence, No. 528 North 8 street 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Downs</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 30, 1901</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
	<u>31</u>	<u>1</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>255</u>				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Ford City</u> (STATE OR COUNTRY) <u>Missouri</u> <u>1</u>				
	13. NAME <u>Edmon Beaslin</u>				
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Missouri</u>				
MOTHER	15. MAIDEN NAME <u>Anna Ronan</u>				
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u> <u>2</u>				
17. INFORMANT <u>George Downs</u> (ADDRESS) <u>528 No. 8 st St Joseph Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Mt Olivet Cemetery</u> PLACE <u>St Joseph Mo.</u> DATE <u>Oct. 8</u> 19 <u>32</u>					
19. UNDERTAKER <u>W. D. Sidenbinder</u> (ADDRESS) <u>1802 Union st St Joseph Mo.</u>					
20. FILE <u>OC1 7 1932</u> <u>John K. Bender</u> Registrar					

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1932

22. I HEREBY CERTIFY, That I attended deceased from St Joseph Mo on Oct 6 1932  
 I last saw h. or alive on Oct 6 1932 Death is said to have occurred on the date stated above, at 5:55P.m.  
 The principal cause of death and related causes of importance were as follows:  
Leucorrhea of breast 1931  
50  
53E 50 1  
 Other contributory causes of importance:  
General anasarca  
Radical breast operation  
 Name of operation \_\_\_\_\_ Date of operation 3-3-31  
 What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) John K. Bender M. D.  
 (Address) St Joseph Mo

