

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

Do not use this space.

35939

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kass Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 3943, Woodland Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4430  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Stephen M. Downer  
(a) Residence, No. 3943 Woodland Ave 13 Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27-1899

7. AGE YEARS 72 MONTHS 10 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked for Park Board  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

13. NAME Robert Downer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Martha M<sup>c</sup> Cann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Mrs Mary E. Bryner  
(ADDRESS) 3943 Woodland Ave Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE November 27, 1932

19. UNDERTAKER J. M. J. Sheehan  
(ADDRESS) Kansas City Missouri

20. FILED 11-27 1932 M. M. Crowe  
asst Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Nov 26, 1932  
I last saw h alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 12:15 P.

The principal cause of death and related causes of importance were as follows:

Cremia (Chr. Interstitial Nephritis)  
Arteriosclerosis  
Other contributory causes of importance: 1  
Date of onset 11-15-32

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. Sheldon, M. D.  
(Address) 304 Commerce Bldg.

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.

Mr Downer = Calvary