

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

Do not use this space.

36485
20

1. PLACE OF DEATH

71 County Morgan
Township Morgan
City (No.)

Registration District No. 3-97
Primary Registration District No. 3792

File No. _____
Registered No. 8-92 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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)

Jacob Harvey Downing

PERSONAL AND STATISTICAL PARTICULARS

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 Daisy Cornett-Downing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8- 1878

7. AGE YEARS 54 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo 1

13. NAME Harvey Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa 20

15. MAIDEN NAME Mary C Cotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT Walter R Cornett (ADDRESS) Barnett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Rock Cem Morgan Co Mo DATE Nov. 15, 1932

19. UNDERTAKER W A Grows (ADDRESS) Barnett Mo

20. FILED 11-14, 1932 W A Grows Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to 11/13, 1932

I last saw him alive on 9/15, 1932 Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Carcinoma of Face
52 52

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 1932

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) L. D. Walker, M. D.

(Address) Edwards 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.

JAN 1933

