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

Do not use this space.

File No. 5815

Registered No. 767

1. PLACE OF DEATH

County: Jackson — Registration District No. 899

Township: Kaw — Primary Registration District No. 1001

City: Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Mrs. Della A. Downing

(a) Residence, No. Snyderhof Hotel St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 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)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician's
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assistant
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) Missouri

FATHER

13. NAME Alphonse Pelletier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Kate Keefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. A. S. Rankin
(ADDRESS) 3622 Park K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb. 16, 1933

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED 2-16, 1933 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Feb 14, 1933
I last saw h. alive on Feb 14, 1933. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Primary — of [illegible]	
[illegible]	

Other contributory causes of importance:
Hepatic & renal insufficiency

Name of operation Laparotomy Date of about 2 mos ago
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) J. L. Olson, M. D.
(Address) 625 Professional

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

MARGIN RESERVED FOR BINDING

Dr. [illegible]
Ha 3747
1: to 4:30