

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

Do not use this space.

**20892**

File No. \_\_\_\_\_  
Registered No. 342 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
95 County St. Genevieve Registration District No. 780  
Township St. Genevieve Primary Registration District No. 6025  
City \_\_\_\_\_ (No. \_\_\_\_\_)  
2. FULL NAME Unknown Man (Floater)  
(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

| 7. AGE          | YEARS    | MONTHS   | DAYS     | If LESS than 1 day, hrs. or min. |
|-----------------|----------|----------|----------|----------------------------------|
| <u>about 55</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u>                         |

Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown  
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 \_\_\_\_\_

Downing probably accidental in Mississippi Delta  
(Verdict of Jury)

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

Other contributory causes of importance: \_\_\_\_\_  
183 183 177

13. NAME unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Genevieve DATE June 8th 1933

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

19. UNDERTAKER Wagon J. Stanton  
(ADDRESS) 26 S. Jefferson

(Signed) Wagon J. Stanton Coroner  
(Address) St. Genevieve Mo.

20. FILED June 8, 1933 T. W. Douglas  
Registrar.

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.

JUL 22 1933

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