

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

Do not use this space.

33396

1. PLACE OF DEATH

County Jasper Registration District No. 406
Township Carl Junction Primary Registration District No. 4240
City Carl Junction (No. _____) St. _____ Ward _____

File No. _____

Registered No. 76

2. FULL NAME Isabelle Downs

(a) Residence, No. Allen St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Virginia

13. NAME Chas Edwards

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

15. MAIDEN NAME Horscomb

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

17. INFORMANT Chas M. Downs (ADDRESS) Carl Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction, Mo. DATE Nov 2 1933

19. UNDERTAKER (ADDRESS) C. B. Roberts Carl Junction, Mo.

20. FILED Oct 31 1933 C. B. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1933, to Oct 31, 1933
I last saw her alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 109 m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1932

Other contributory causes of importance: 131

Name of operation _____ 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? no
If so, specify _____ (Signed) O. B. Alberty M. D.
(Address) Carl Junction, 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.

NOV 10 1933

