

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

Do not use this space.

40482

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 2002
City Rehoboth (No. 3) St. 5569 Ward

2. FULL NAME

Doyleene Downs
(a) Residence, No. 253, Jasper, Mo. St. Ward. (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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15th, 1933
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Jasper Co, Mo.

13. NAME L. W. Downs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co, Mo.

15. MAIDEN NAME Mollie J. Muldoon

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

17. INFORMANT L. W. Downs
(ADDRESS) Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 12-15-1933

19. UNDERTAKER no undertaker
(ADDRESS)

20. FILED 12-14-1933 Ed D James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1933, to 12-11-1933

I last saw him alive on 12-11-1933. Death is said to have occurred on the date stated above, at 159 m.

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

159
Probably intestinal intussusception in premature baby
Other contributory causes of importance:
Date of onset ?

Name of operation 159 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) Ed D James, M. D.

(Address) Jasper, Mo.

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

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