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.

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

MAR 24 1934

Do not use this space.

3958

1. PLACE OF DEATH

11

County Buchanan, Registration District No. 81 File No. 2

Township Bloomington, Primary Registration District No. 5122 Registered No. 2

City (No. 3 Miles West of DeKalb, Mo. St. Ward)

2. FULL NAME Eliza Ellen Downing,

(a) Residence, No. 3 M.W, DeKalb, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 18 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 (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Downing,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y, 2nd, 1859

7. AGE: YEARS 75 MONTHS 0 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): February 1934
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

FATHER

13. NAME: John Brown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER

15. MAIDEN NAME: Eliza Martin,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Tennessee

17. INFORMANT (ADDRESS): Rufus Downing R.D. # 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camp Ground Cem DATE Feb. 22nd 1934

19. UNDERTAKER (ADDRESS): Heaton B. Gale & Bowman St. Joseph, Mo. Funeral Home

20. FILED Feb 21 1934 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934, to Feb 20, 1934

I last saw her alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Cerebral Apoplexy — Date of onset: Feb 18 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? 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, 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) E. B. McAdow, M. D.

(Address) DeKalb Mo