

84 1934

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

Do not use this space.

7403

1. PLACE OF DEATH
County Saline Registration District No. 796
Township Marshall Primary Registration District No. 3038
City Marshall (No. 603 R. Franklin) St. _____ Ward _____
Registered No. 28

2. FULL NAME W^m Henry Downs
(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver M. Downs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1859</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. farmer</u>			
	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) <u>Lowden Co. Va.</u>				
FATHER	13. NAME <u>Jas. Downs</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>			
MOTHER	15. MAIDEN NAME <u>Mary</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>			
17. INFORMANT (ADDRESS) <u>H. R. Downs, Kansas City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park Cem.</u> DATE <u>Mar. 1, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Vaudrifer Mortuary, Marshall, Mo.</u>				
20. FILED <u>3/11, 1934</u> <u>Willie Stase</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1934 to 2-27, 1934
I last saw him alive on 2-27, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
948
Chigima Keeloo
Other contributory causes of importance
Chr. Myocarditis
Date of onset 2-23, 1934

Name of operation none Date of none
What test confirmed diagnosis? clinical 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) Ross Williams M. D.
(Address) Marshall, 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.

