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.

AUG 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No. 25199

Township — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Lucelia Downing

(a) Residence, No. 109 E North St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20 1855

7. AGE: YEARS 79 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Johnson Co. Mo.

FATHER
13. NAME: Betord Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs Lottie Trader, 109 E. North, Warrensburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cem. DATE: July 17, 1934

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service, Warrensburg Mo.

20. FILED: July 16, 1934 Eva Gentry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to Jany 13, 1934
I last saw her alive on July 14, 1934. Death is said to have occurred on the date stated above, at 11:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Hemorrhage)	Mar 1
82A	
82D	

Other contributory causes of importance: 82A

Name of operation ..... Date of .....
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) [signature], M. D.
(Address) Warrensburg Mo

100M-11-24-33