

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

Do not use this space.

5132

1. PLACE OF DEATH

County Henry  
Township Deepwater Mo.  
City Deepwater Mo.

Registration District No. 351  
Primary Registration District No. 4308

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Deepwater Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. \_\_\_\_\_ of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Ohio

13. NAME Wm Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Ohio

15. MAIDEN NAME Deborah McGee

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

17. INFORMANT (ADDRESS) John Downing  
Deepwater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwater Mo. DATE 7-2-35

19. UNDERTAKER (ADDRESS) Ed Williams  
Clinton Mo.

20. FILED 2-1- 1935 Registrar J. H. Russell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-35

I HEREBY CERTIFY, That I attended deceased from Mar 31 1935 to Feb 1 1935

I last saw him alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 5:15 AM

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

Date of onset \_\_\_\_\_

Other contributory causes of importance Smoking

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 \_\_\_\_\_  
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) J. H. Russell M. D.  
(Address) Deepwater Mo.

