

JUN 19 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15887

24 1. PLACE OF DEATH
County Clay Registration District No. 197
Township Gallatin Primary Registration District No. 5276
City North Kansas City, Mo. St. _____ Ward _____

2. FULL NAME Mary E. Downey
(a) Residence, No. 1205 E 21st St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. Downey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ludiana

FATHER
13. NAME Joseph Herrus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Teresia Mergy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Chas. Downey 1205 E 21st St. No. 1205

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE May 12, 1935

19. UNDERTAKER (ADDRESS) Morton Funeral Home No. K. E. Mo.

20. FILED May 13, 1935 Viola C. Moyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1934 to May 9, 1935
I last saw her alive on May 8, 1935 Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the uterus Date of onset Sept. 1934

Other contributory causes of importance:
Metastatic Carcinoma of Liver, Stomach and Lung Pleural Effusion Jan. 1935

Name of operation Diagnostic Curettment Date of Oct. 29, 34
What test confirmed diagnosis? Clinical & Laboratory 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) Henry B. Stalen, M. D.
(Address) North Kansas City, 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.

23 5
2
10
10

