

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

Do not use this space.

JUL 23 1936

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. 23462
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 218 N. Wood St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 George C. Downs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>74</u>	<u>2</u>	<u>6</u>		

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. At home
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) Stamfordville N.Y.

FATHER 13. NAME Michael Swan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary England

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mary Downes Casey
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE June 23 1936

19. UNDERTAKER Amos J. Baldwin
(ADDRESS) _____

20. FILED July 10 1936 gshucsa, m. D
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1936, to 6-20 1936

I last saw her alive on 6-20 1936 Death is said to have occurred on the date stated above, at 10 P m.

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

Chronic Myocarditis

Date of onset 10 yrs

Other contributory causes of importance

Name of operation None Date of _____
What test confirmed diagnosis? Autopsy 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) G. C. Ewert M. D.
(Address) Brookfield Mo

