

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.

SEP 29 1936

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

Do not use this space.

27800

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 601813
City Exeter (No. _____) St. _____ Ward _____

File No. 331
Registered No. _____

2. FULL NAME

Charles Downs
(a) Residence, No. R. F. D. No. 4 Farmington, St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White Cav. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 10 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 7-23-36 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitchell Town, Mo.

13. NAME Charles H. Downs.

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

15. MAIDEN NAME Mary K. Downing.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck, Wis.

17. INFORMANT Mrs. Margaret Peterson. (ADDRESS) R. F. D. No. 4 - Farmington,

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Lawn Park DATE July 27, 1936

19. UNDERTAKER Alvin W. H. H. H. (ADDRESS) near R. F. D. No. 4

20. FILED 8/31, 1936 C. B. Harrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended _____ from _____

_____ on July 25, 1936 Death is said to have occurred on the date stated above, at 10:20 p.m.

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

jury verdict: -
accidental death when his car over turned, pinning him underneath

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide of _____ Date of injury 7/24/36

Where did injury occur near Farmington, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury crushed beneath

Nature of injury automobile

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clara Bourne

(Address) Cornell St. Francois County

Farmington, Mo.

