

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.

JAN 29 1937

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

Do not use this space.

45354

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township North Lebanon Primary Registration District No. 5633
City North Lebanon Mo. St. _____ Ward _____

File No. _____
Registered No. 149

2. FULL NAME J. A. Downing

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year) 8 Mo. ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.

FATHER 13. NAME John Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.

MOTHER 15. MAIDEN NAME Matilda Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.

17. INFORMANT Several State Sanatorium Records
(ADDRESS) North Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE Dec 28, 1936

19. UNDERTAKER George B. Orr
(ADDRESS) North Lebanon, Mo.

20. FILED Dec. 29, 19 P. A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to Dec 27, 1936
I last saw him alive on 12-27-1936. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____
Tuberculous Peritonitis
Enteritis

Other contributory causes of importance:
Tuberculous Peritonitis
Enteritis

Name of operation Autopsy Date of _____
What test confirmed diagnosis? Pathologic 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 _____, 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? _____
If so, specify _____

(Signed) J. P. Mages, M. D.
(Address) North Lebanon, Mo.

