

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.

1. PLACE OF DEATH

County Dunklin  
Township Malden  
City Malden (No. \_\_\_\_\_)

Registration District No. 289  
Primary Registration District No. 4173

File No. 49459  
Registered No. 71  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
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.

Sherman Kilkins Downing

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec, 14-1936</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
			<u>0</u>	<u>2</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) <u>✓</u> 11. Total time (years) spent in this occupation. <u>✓</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo</u>				
MOTHER	13. NAME <u>Sherman Downing</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo</u>			
	15. MAIDEN NAME <u>Myra Kilkins</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City Ark</u>				
17. INFORMANT (ADDRESS) <u>Sherman Downing</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo</u> DATE <u>12-15-36</u>				
19. UNDERTAKER (ADDRESS) <u>W. E. Craig Malden Mo</u>				
20. FILED <u>12-15-</u> 19. <u>36</u> <u>S. E. Mitchell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936 to Dec 14 1936  
I last saw him alive on Stillborn 1936. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Stillborn  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Prolonged Difficult Labor

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John Van Olev M. D.  
(Address) Malden Mo

