

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. Barnes Hospital)

File No. 18105
Registered No. 4681
St. Ward)

2. FULL NAME Alfred Downs

(a) Residence, No. RR #1 St. NR Ward. West Frankfort, Illinois
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 29

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

9. Industry or business in which work was done, as silk 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) Illinois

13. NAME Franklin Downs

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

15. MAIDEN NAME Rebecca Tate

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

17. INFORMANT Elmer Downs
(ADDRESS) Benton, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE West Frankfort, Ill DATE May 9th 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED MAY 7 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7 P. m.

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

Haemorrhage due to fracture of skull received when struck by coal falling from roof in the 10th Bgt Coal mine at West Frankfort Ill. May 1st 1937 at about 3:00 P.M.

Other contributory causes of importance: Whether accidental or homicidal conclusion could not be ascertained

Name of operation ascertainment Date of.....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Open Date of injury 5/6/37

Where did injury occur? See above (Specify city or town, county, and State)

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

Manner of injury See above Nature of injury See above

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

If so, specify Joseph M. Trench (Signed) M.D.

(Address) O. Deputy Curran

20 25 30 / 22

