

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway  
Township Amion  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 627  
Primary Registration District No. 5829

File No. 20848  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jennie M Downing

(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 5 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grant G. Downing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>9</u>	<u>15</u>		

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

9. Industry or business in which work was done, as silk mill, saw 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) Essex, Ia.

13. NAME Jb B. Logan,

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

15. MAIDEN NAME Samantha Burdick,

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

17. INFORMANT (ADDRESS) Grant G. Downing, Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pickering, Mo. DATE May 9, 1937

19. UNDERTAKER (ADDRESS) Price Funeral Home, Maryville Mo.

20. FILED May 8 1937 Marshall D. Kilgus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from about time of May 27, to May 7, 1937  
I last saw h. w. alive on Apr 20, 1937. Death is said to have occurred on the date stated above, at 11:40 am.

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

Diabetes Mellitus years ago Date of onset \_\_\_\_\_

Other contributory causes of importance: 59

Name of operation No Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) Engene L. Crowson, M. D.

(Address) Pickering Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be extremely complete. AGE should be stated EXACTLY. PHYSICIANS should state

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