

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall, Mo.
City Marshall, Mo. (No. Fitzgibbon Hosp.)

Registration District No. 796

Primary Registration District No. 3938

File No. 24973
Registered No. 116
St. _____ Ward _____

2. FULL NAME Everett Downing Jr.

(a) Residence, No. So. Lafayette St. 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.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3 1934</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>5</u>	DAYS <u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. <u>Child</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) _____
	11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME Everett Downing

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

MOTHER FATHER 15. MAIDEN NAME Flora May Decker

16. BIRTHPLACE (CITY OR TOWN) Sweet Springs, Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Alva Lynch
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge P. Cem. DATE June 29 1937

19. UNDERTAKER J.L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 6-28-37 Mary Kent
Deputy Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-37

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to June 27, 1937

I last saw him alive on June 27, 1937 Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Letany
Malnutrition, anemia
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 John R. Lawrence, M. D.
(Signed) Marshall, Mo.
(Address)

WRITE PLAIN INK WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

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