

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

199
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
(a) County Registration District No. 791 / 1008
(b) Township Primary Registration District No. BARNES HOSPITAL
(c) City St. Louis, Mo. (d) Street No. Registered No. 55
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Graham Downing 552
(a) Residence, No. St. SA Salem, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Dr. J. W. Downing
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19 1892
7. AGE YEARS 65 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Centralia Missouri
13. NAME R. H. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Mary Crockett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT Dr. J. W. Downing (ADDRESS) Salem, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Mo. DATE Jan 4 1938
19. FUNERAL DIRECTOR Albert O. Hoppe (ADDRESS) 429 N. English
20. FILED 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 1 1938
22. I HEREBY CERTIFY, That I attended deceased from 12 - 2 1937, to 1 - 1 1938
I last saw h.e.r. alive on 1 - 1 1938 Death is said to have occurred on the date stated above, at 5 - 19 m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Lobar
Date of onset 11-25-37
Other contributory causes of importance / 108
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
(Signed) R. Wellhead 1, M. D.
(Address) BARNES HOSPITAL

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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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Albert W. Wagner*

Licensed Embalmer No. *1861*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)