

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

Do not use this space.

27

36

1. PLACE OF DEATH

County Franklin

Registration District No. 293

Township Calney

Primary Registration District No. 5416

City..... (No.)

St. Ward)

File No. 2670

Registered No.

2. FULL NAME

Hattie Downey 500

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen Downey</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1889</u>			
7. AGE	YEARS <u>51</u>	MONTHS <u>6</u>	DAYS <u>13</u>
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Jan - 1937</u>		
11. Total time (years) spent in this occupation <u>Life</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
FATHER	13. NAME <u>Herman Keller</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Emma Kidwell</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Stephen Downey</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calney Cem.</u> DATE <u>1/20 1938</u>			
19. UNDERTAKER (ADDRESS) <u>W. H. Starn</u>			
20. FILED <u>1-24 38</u> <u>Mary E. Gross</u> Registrar.			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 17 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 17 1938</u> to <u>Jan 17 1938</u> . I last saw her alive on <u>Jan 17 1938</u> . Death is said to have occurred on the date stated above, at <u>8:30 PM</u> . The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>
Date of onset
Other contributory causes of importance
Name of operation
Date of
What test confirmed diagnosis? <u>Clinical</u> 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
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) <u>W. H. Starn</u> , M. D.
(Address) <u>Pacific Mo</u>

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.

RECEIVED

FEB 24 1938

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