Musick
Do not use this space.

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

2

File No. 2824
Registered No. 91

1. PLACE OF DEATH
County GREENE
Township
City SPRINGFIELD (No. 1512 E. Sunshine St. Ward)
Registration District No. 316
Primary Registration District No. 2001

2. FULL NAME Dorothy Ann Downs 52.0
(a) Residence, No. 1512 E Sunshine 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: F
4. COLOR OR RACE: Ehite
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
✓	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Springfield Mo 0

FATHER
13. NAME Harold Downs 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo 0

MOTHER
15. MAIDEN NAME Jean Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galloway Mo

17. INFORMANT Harold Downs
(ADDRESS) Springfield MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Jan 30 1938

19. UNDERTAKER Herman H. Lohmeyer
(ADDRESS) Springfield Mo

20. FILED Jan 30, 1938 Chas A. George Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 1,28,38, 19..., to 1,29,38, 19...
I last saw her alive on 1,28,38, 19... Death is said to have occurred on the date stated above, at 9:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1938 1,27
Other contributory causes of importance: Whooping cough	12,10

Name of operation Phys. Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) D. Musick, M. D.
(Address) Springfield, Mo.

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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MO. STATE BOARD OF HEALTH