

NOV 2 1938

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

35202
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 1108
(c) City St Joseph (d) Street No. 1009 So 12 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES THOMAS DOWNS
(a) Residence, No. 1009 South 12th St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Jane Downs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1865
7. AGE YEARS 73 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1938 to Nov 4 1938
I last saw him alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R.R. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. St Joe, Mo.
10. Date deceased last worked at this occupation (month and year) about 1935
11. Total time (years) spent in this occupation Life

Coronary occlusion Date of onset 11/4/38
Arterio-sclerosis

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

FATHER
13. NAME John Downs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridgett Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jane E. Downs 1009 So 12th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Nov 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry Wylie 218 So 10

20. FILED Nov 6, 1938 H J Needbush Local Registrar.

Name of operation None Date of...
What test confirmed diagnosis? Phy. exam 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) M. H. Talty M. D.
Corby Bldg St Joseph, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, D. E. Ryan

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.