

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

Do not use this space.

23457

1. PLACE OF DEATH

County Linn
Township Wagon
City Waverly (Name)

Registration District No. 491
Primary Registration District No. 4298

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Louis M. Downing

(a) Residence No. _____ St. _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	65	6	22	=

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn Mo

10. NAME OF FATHER A F Downing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Auburn

12. MAIDEN NAME OF MOTHER Emma Guthrie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Near Troy

14. INFORMANT Ben Downing
(Address) W 7 100

15. FILED 7/16 30 W O Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1930, to July 16, 1930, that I last saw him alive on July 16, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial following Angina Pectoris

94A
93D (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 89 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF July 17 - 1930

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. A. Smith, M. D.
, 19 (Address) Troy Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

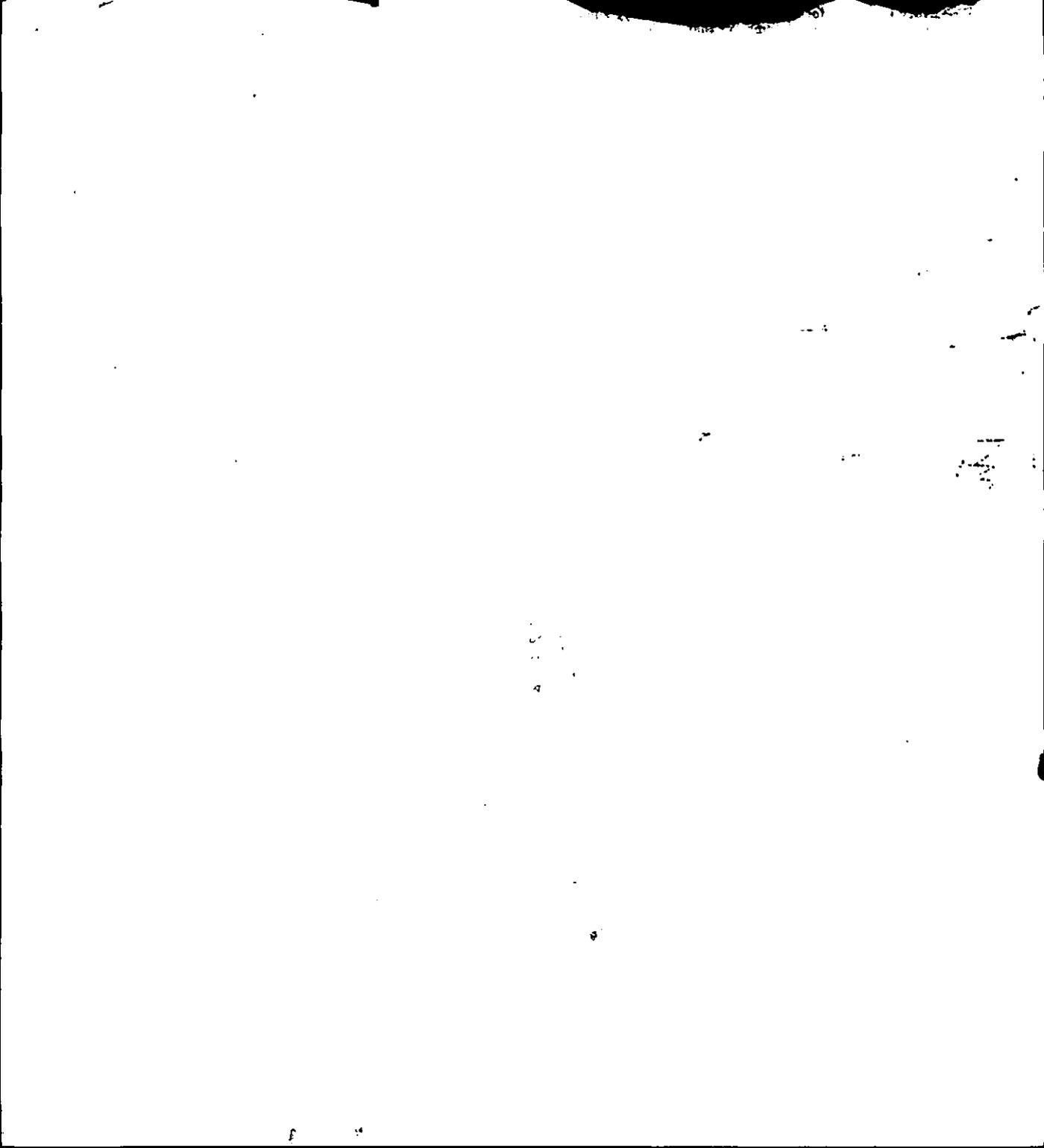
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Auburn Cemetery DATE OF BURIAL July 17 1930

20. UNDERTAKER Kemper Bros ADDRESS Troy Mo

N. B.—Every item of information 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.

AUG 26 1930

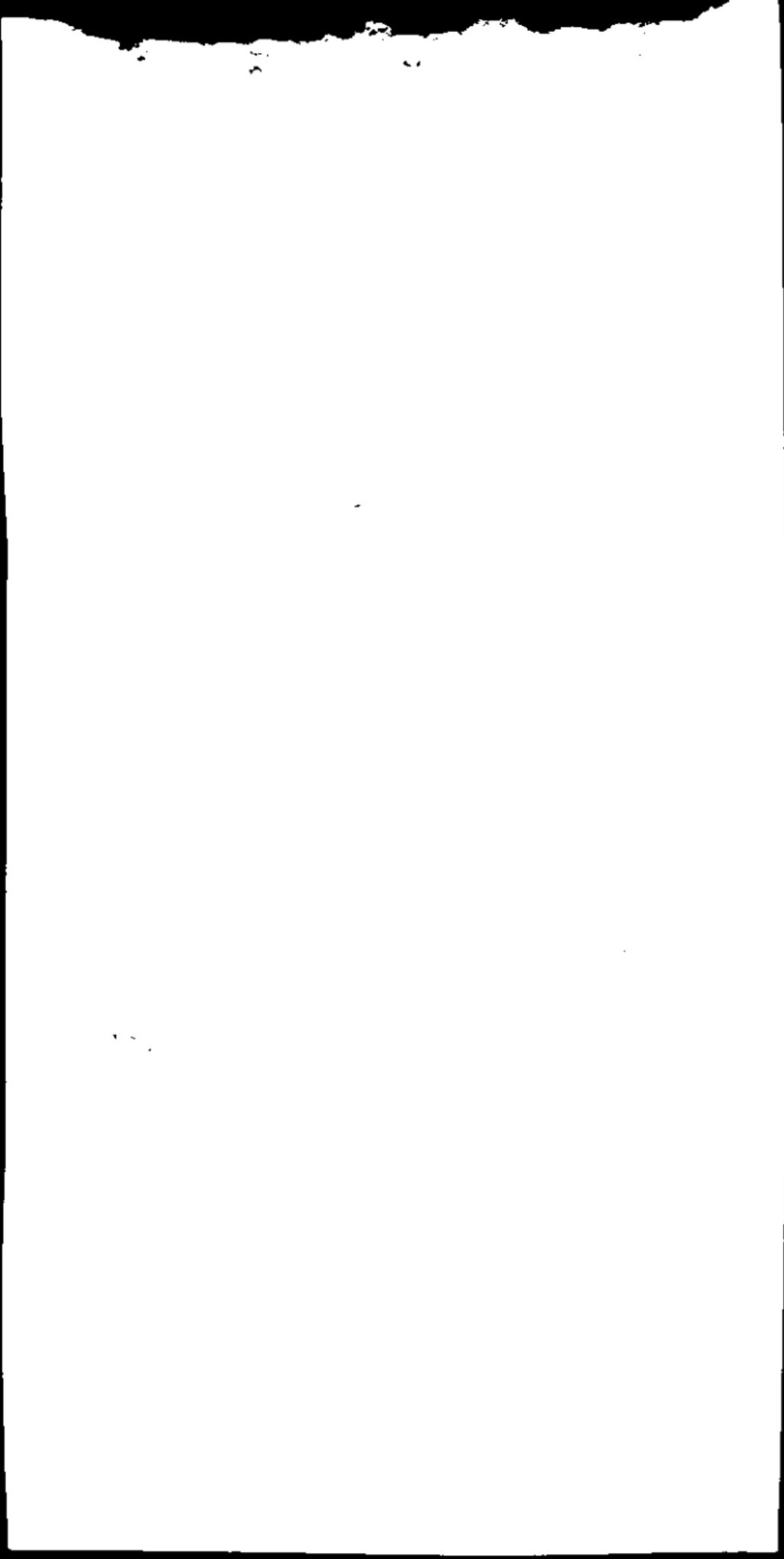
PARENTS



Troy, Mo., June 20, 1931

Mr. Louis M. Downing- had what appeared to be atypical attack of Angina Pectoris, was relieved temporarily with anodynes and then was removed to a hospital that he might have better attention than could be given him at his place of abode which was a back room, upstairs, over a law office on Main Street. At the Hospital, during the examination, three X-Ray pictures were taken of the Gall Bladder region, one was negative, the second showed a blight shadow in the Gall Bladder and the third showed what was apparently a Gall Stone the size of a Hazel Nut, and the Surgeons thereon made a Diagnosis of Gall Bladder Disease. The patient was prepared and an operation performed but lo and behold the Gall Bladder and Adnexia all normal, abdomen was closed and patient made a good surgical recovery, but the Cardiac Symptoms became more and more prominent and patient died on the 9th day following the operation.

W. F. Smith, M. D.



Name:

Louis M. Downing

Who died at:

Lincoln Co. on *July 16, 1930,*

Residence; No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH:

*Myocarditis following
Angina Pectoris*

Contributory: _____

Where was disease contracted? _____

Did operation precede death? *yes* Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Information should be certified

5(2) 23457