

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.

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Sumner
City Sumner

Registration District No. 176
Primary Registration District No. 4103

File No. 29391
Registered No. 6
St. _____ Ward _____

2. FULL NAME

John Downey

(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 yrs. ____ mos. ____ da. How long in U.S., if of foreign birth? yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
75 | 9 | 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Renick
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Downey

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

12. MAIDEN NAME OF MOTHER Sally Inman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Effie Downey
(Address) _____

15. FILED Sept 10 1930 A. H. Lewis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to Sept 13 1930.
That I last saw him alive on Sept 12 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131 Overal
(duration) yrs. ____ mos. ____ da.

CONTRIBUTORY (SECONDARY) 129
(duration) yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) A. H. Lewis, M. D.

20. ADDRESS Sumner 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 P.O.F. Cemetery, Sumner Mo DATE OF BURIAL Sept 14 1930

20. UNDERTAKER W & Thorne ADDRESS Sumner Mo

