

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

Do not use this space.

575

PLACE OF DEATH

County Clay
Township Kearney
City Hot. (No.)

Registration District No. 199
Primary Registration District No. 4119

File No.
Registered No.
St. Ward)

2. FULL NAME Joseph T. Downing

(a) Residence No. Ward.
(Usual place of abode)

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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 7

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Joell T. Downing

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

12. MAIDEN NAME OF MOTHER Marida L. Turnham

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

14. INFORMANT Floyd E. Downing
(Address) Hot. Mo.

15. FILED 1/24, 1931 C. W. Kessel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1931 at Hot. Mo. about 2 yrs ago and that I last saw deceased alive on about 2 yrs ago, and that death occurred, on the date stated above, at Hot. Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

by hanging self - suicide
168 Dr. H. L. Tadlock

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 168

IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? (5)

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) H. L. Downing, M. D.

1/23, 1931 (Address) Liberty Clay Co 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 Antioch Cemetery DATE OF BURIAL 1-24 1931

20. UNDERTAKER See Mass Crunk ADDRESS Hot. 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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*Clarence
Hess*

JUN 4 1948

JUN 7 1948