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.

MAR 4 1936

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

Do not use this space.

6182

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1003
City K. C. Mo (No. 2843 Troost avenue St. Ward)

2. FULL NAME Jennie Downing
(a) Residence, No. 2843 Troost 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch-3/1855

7. AGE: YEARS 80 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): England

FATHER
13. NAME: Thos. Denham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record " "

17. INFORMANT (ADDRESS): Mrs. Grace D Carter, Eugene Oregon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clay Center Ks DATE Feb-27 1936

19. UNDERTAKER (ADDRESS): Mrs. C. L. Foster, 918 Brooklyn ave

20. FILED 7/25 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to Feb 27, 1936
I last saw her alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 7 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Essential Hypertension	

Other contributory causes of importance:
Senility 82a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. B. Brams, M. D.
(Address) 304 E 12

Dr J. B. Brann
argyle Bldg
Vi 8244