

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

Do not use this space.

27228

1. PLACE OF DEATH

County Lincoln Registration District No. 490-1687
 Township Union Primary Registration District No. 5653
 City (No. _____) St. _____ Ward _____

2. FULL NAME Benjamin H. Downing

(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. 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) Sept. 4-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Lincoln Co - Mo

MOTHER 13. NAME M. F. Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co - Mo

15. MAIDEN NAME Mary Sittou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo

17. INFORMANT Mary Downing (ADDRESS) Eolia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eolia Cemetery DATE July 17 1936

19. UNDERTAKER Goach, H. & Co. (ADDRESS) Eolia, Mo.

20. FILED July-16 1936 B. M. Goach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12 1936 to July 16 1936
 Last saw him alive on July 16 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
 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) L. P. Muey M. D.
 (Address) Eolia 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.

