

T. S. Baurke  
 Office Argyle Bldg  
 Office Hours  
 1

SEP 29 1936

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

SEP 29 1936

Do not use this space.

30849

Registration District No. 399  
 Primary Registration District No. 1002

File No. \_\_\_\_\_  
 Registered No. 3543  
 St. \_\_\_\_\_ Ward)

City Kansas City (No. 431 West 35th)

2. FULL NAME Mrs. Mary V Downey  
 (a) Residence, No. 431 West 35th 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1860

7. AGE YEARS 76 MONTHS \_\_\_\_\_ DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Sigourney Iowa

13. NAME John M Brunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Ann Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Francis C Downey 431 West 35th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 8/8/36

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 8/7 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 7:12, 1936, to 8:44, 1936  
 I last saw ~~her~~ her alive on 8/6, 1936. Death is said to have occurred on the date stated above, at 10:00 P M  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset \_\_\_\_\_  
Heart exhaustion Probably  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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 \_\_\_\_\_ 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) T. S. Baurke, M. D.  
 (Address) H. I. D. Argyle Bldg. R. C. W. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

