

FEB 16 1938

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

Do not use this space.

## 1. PLACE OF DEATH

96 County St. Louis  
Township Ballwin  
City Ballwin No. (No. \_\_\_\_\_)

Registration District No. 96  
Primary Registration District No. \_\_\_\_\_  
Pine Crest Convalescent Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 441335Registered No. 58

## 2. FULL NAME

Ida E. Downey IDA E. DOWNEY 500  
(a) Residence, No. 1383 Hamilton Blvd. St. \_\_\_\_\_ Ward St. Louis, MO.  
(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 Thomas Downey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. ? 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
78 9 ?

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) Portsmouth, Ohio (STATE OR COUNTRY)

FATHER 13. NAME Samuel Saylor

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) U.S.A.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT Bert S. Downey (ADDRESS) 4932 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Kansas DATE Jan. 11, 1938

19. UNDERTAKER Alvander and Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED 1-10 1938 THE OFFICE OF THE DEPUTY STATE COMMISSIONER OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8<sup>th</sup> 1938 to Jan. 9 1938. I last saw him alive on Jan. 9<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 4:35 P. m.

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

Chronic myocarditis - decompensation Date of onset

Hypostatic bronchopneumonia

Other contributory causes of importance: Senility

Name of operation none 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 home

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. R. Irving, M. D.

(Address) Ballwin, Mo.

Deputy State Commissioner of Health

