

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

23355

Do not use this space.

97
52
1939 JUL 19 1939

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall (d) Street No. _____ Registered No. 102
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Gladys Downing
 (a) Residence, No. 453 West North St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Raymond Downing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7th, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	35	4	27	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Fred Brown
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ridge Park Cem. DATE June 5th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis
Marshall, Mo.

20. FILED 6-5-39 Mary Kent
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr. 15, 1939 to June 4, 1939
 I last saw her alive on June 3, 1939 Death is said to have occurred on the date stated above, at 12:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral
Calor
Nov 1938

Date of onset _____

Other contributory causes of importance: None 46

Name of operation _____ Date of _____
 What test confirmed diagnosis Stomach these 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) M. D.
Marshall, 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.

NOV 20 1957

RECEIVED
District Health Officer No. 8
District File Number
7/11/57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe. N. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.