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

Do not use this space.

44879

File No.
Registered No. 20

1. PLACE OF DEATH
County Sullivan
Township Penn
City (No. , St. Ward)

Registration District No. 849
Primary Registration District No. 61140

2. FULL NAME Ellis 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Clara Curtis Downing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1859

7. AGE: Years 80 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Indianolo
(STATE OR COUNTRY) Iowa

FATHER
13. NAME David Downing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Jane Burbridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ohio

17. INFORMANT Wayne Downing
(ADDRESS) Elbi, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawkeye DATE Dec. 12 39

19. UNDERTAKER Glenn E. Fenton
(ADDRESS) Green City Mo

20. FILED Jan 1 1940 Virginia Gibbere
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1939, 19..., to Dec 11 1939, 19...
I last saw him alive on Nov 9 1939, 19... Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Interstital Nephritis — Date of onset

Other contributory causes of importance:

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) W. Herrington M.D., M. D.
(Address) Green City. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED
District Health Officer No. 10
District File Number 1-40-12
Date Filed JAN 9 1940