

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No. 118

1. PLACE OF DEATH
 County Pott State: IOWA Registered No. 420
 Township Kane or Village _____ or
 City Co. Bluffs Ia No. Jennie Edmondson St. _____ Ward _____
(If death occurred in a hospital or institution give its name instead of street and number)
 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.

2. FULL NAME (PRINT) Jerome Downs
 (a) RESIDENCE County Pott City Co. Bluffs Ia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the ward) Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 57 Months _____ Days _____ If less than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) Downsville Iowa
(State or country)

FATHER

13. NAME Willis Downs

14. BIRTHPLACE (city or town) Downsville Iowa
(State or country)

MOTHER

15. MAIDEN NAME Emilia Lepton

16. BIRTHPLACE (city or town) Weston Iowa
(State or country)

17. INFORMANT Grandolyn R. Swan
(Address) Atlantic 1 Iowa

18. BURIAL, CREMATION, OR REMOVAL

Place Neale Cemetery Date 10/21, 1939

LICENSED EMBALMER L N Taylor No. 1879
(Address) Co Bluffs Ia

FILED Oct. 21, 1939 Winnie Arnold
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10/19, 1939

22. I hereby certify that I attended deceased from 10/8, 1939 to 10/19, 1939
 I last saw him alive on 10/39, 1939, death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance in order of onset were as follows: Cirrhosis of liver
Arteriosclerosis
 Date of onset _____

Contributory causes of importance not related to principal cause: 118

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes If so, specify _____

(Signed) R. A. Wright M. D.
(Address) Council Bluffs Ia