

[Form 197, 10 M. 9-8-'00.]

CERTIFICATE OF DEATH.

No. of BURIAL PERMIT.

6742

No. of RECORD.

3539

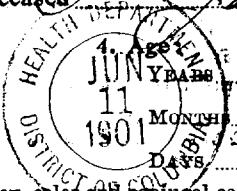
DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS, MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death *June 11th 1901 Found*

2. Full Name of Deceased *John A. Downes*

3. Sex:
 MALE.
 FEMALE.



If an unnamed infant, insert full names of both parents.

4. Age *58* YEARS

5. Color:

WHITE.
 COLORED.
 INDIAN.
 CHINESE.
 JAPANESE.

6. Conjugal Condition:

SINGLE.
 MARRIED.
 WIDOWED.
 DIVORCED.

Under sex, color and conjugal condition, strike out the words not applicable.
 Under color the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation *Agent*

8. Birthplace of Deceased *D.C.*

9. Birthplace of Father *Pa.*

10. Birthplace of Mother *D.C.*

If born in the United States, give State, Territory or District; otherwise, give country.

11. Duration of Residence in this District *Life*

12. Place of Death *Found in Potomac River near Indian Head*

13. Cause of Death

PRIMARY

Drowning

suicide?

IMMEDIATE

Asphyxia

14. If Death Occurred in an Institution give:

NAME OF INSTITUTION

LENGTH OF TIME DECEASED WAS AN INMATE

Foreign

15. If Deceased did not Die at his or her Residence, give:

PLACE OF RESIDENCE

909-2 35 3 E

I hereby certify that I attended the deceased professionally during _____ last illness.

J. Ramsey Smith M. D.,
 Address *Conrad*

To be Filled Out and Signed by the Undertaker:

PLACE OF BURIAL *Congressional Cemetery* DATE OF BURIAL *June 12th 1901*

If Body is to be Buried Outside of the District, state:

ROUTE OF TRANSPORTATION _____ DATE OF REMOVAL _____

SIGNATURE *Botchett Scott* Undertaker.

Address *401 8th N.E.*

THIS SPACE RESERVED FOR BINDING.