

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

Do not use this space.

36755

1. PLACE OF DEATH
 County DeKalb Registration District No. 5364
 Township Path Primary Registration District No. 262
 City Union Star (No.) St. Ward)
 2. FULL NAME Laudine Joseph Davis
 (a) Residence No. Union Star #13 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. W. Davis
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 7
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Chas Hartman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) M. Carshing
 12. MAIDEN NAME OF MOTHER Ebora Shank
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W Va
 14. INFORMANT M. W. Davis
 (Address) Union Star #13
 15. FILED 1/14 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1929
 17. I HEREBY CERTIFY That I attended deceased from Nov 13 1929 to Nov 13 1929
 that I last saw her alive on Nov 13 1929, and that death occurred, on the date stated above, at 4:45 p.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma Liver
Had 6 yrs Return (duration) yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) 44 lbs (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
E. M. Pennington, M. D.
 (Signed) 1/14 1929 (Address) Union Star Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Union Star Mo 11-16 1929
 20. UNDERTAKER ADDRESS
R. H. Taggart King City

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

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.

DEC 31 1929

