

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

Do not use this space.

A

1. PLACE OF DEATH

County..... Douglas
Township.....
City..... Ava (No. St. Ward)

Registration District No. 272
Primary Registration District No. 1165

File No. 652
Registered No.

2. FULL NAME

Rebecca L. Davis

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John T. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 3 27

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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.

PARENTS

10. NAME OF FATHER Herndon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Jesse Reeves
(Address) Ava Mo

15. FILED 10-11-1927 EB Horman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1927, to Jan 23, 1927, that I last saw her alive on Jan 23, 1927, and that death occurred, on the date stated above, at 3 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Pneumonia
1094

CONTRIBUTORY (SECONDARY) 100%

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
(Signed) R. M. Herman, M. D.

10-14-1927 (Address)

*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 Ava Mo. DATE OF BURIAL Jan 24 1927

20. UNDERTAKER W. R. Channing Beard ADDRESS Ava 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.

