AUG 17 1927

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

Do not use this space.

21863

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township — Primary Registration District No. 4286 — Registered No. 29
City Canton (No. ..... St. ..... Ward)

2. FULL NAME Mary Catherine 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23-27
7. AGE YEARS — MONTHS — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — 122F 127
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Canton
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Barker Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milan
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Olive L. Hagood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo
14. INFORMANT Barker Davis
(Address) Canton Mo.
15. FILED 7-17, 1927 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1927
17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1927, to July 16, 1927, that I last saw her alive on July 16, 1927, and that death occurred, on the date stated above, at 1:15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Peritonitis following intussusception of intestine
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) 118B1
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. W. Jennings & J. N. Waggoner, M.D.
7-17, 1927 (Address) Canton 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 Laghrange Mo — DATE OF BURIAL July 17 1927
20. UNDERTAKER T. D. Kelly — ADDRESS Canton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state