

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

Do not use this space.

34369

1928
1417.6

PLACE OF DEATH

County Pike
Township Cabernet
City Clarksburg

Registration District No. 685
Primary Registration District No. 4409

File No. 18
Registered No. 33
St. _____ Ward)

2. FULL NAME

Aidal 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 or (OR) WIFE of John W. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 6

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) Weston
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Crutchfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Weston
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Medora Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT: Data, unno
(Address) Weston, Mo

15. FILED: Dec 1, 1927 NW Broadway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) NW - 18, 1927
17.

I HEREBY CERTIFY, That I attended deceased from NW.....
8 o'clock, 1927, to NW 18, 1927
that I last saw him alive on NW 18, 1927, and that death occurred, on the date stated above, at 6:30 A.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma bronchiale

112 (duration) yrs. mos. 10 da.

CONTRIBUTORY Chronic bronchitis
(SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) E. M. Bartlett, M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksville DATE OF BURIAL Nov 20 1927

*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.

20. UNDERTAKER Harvey Carroll ADDRESS Clarksville

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

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