FEB 20 1928

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

Do not use this space. 253

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No.
Township Washington Primary Registration District No. 1001 Registered No. 60
City St Joseph (No. 1117 South 10th St. Ward)

2. FULL NAME Jermia Davis
(a) Residence No. 1117 So. 10th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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 Lewis A Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 28 1838

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
89	10	15	

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) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT L A Davis (Address) 1117 So. 10th St.

15. FILED JAN 16 1928 John G. Joh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1928, to Jan 13 1928, that I last saw her alive on Jan 13, 1928, and that death occurred, on the date stated above, at 11:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia
108
162 (duration) yrs. mos. several ds.

CONTRIBUTORY (SECONDARY) asthenia
(duration) yrs. several mos. ds.

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? clinical
(Signed) Fenton Goodson, M. D
1/16, 1928 (Address) 216 1/2 W. Mo. Ave

*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 City Cemetery
DATE OF BURIAL Jan. 16 1928

20. UNDERTAKER E. R. Sidenfaden
ADDRESS 602 So. 10

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.

[illegible] UNFADING INK—THIS IS A PERMANENT RECORD