FEB 20 1928

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

Do not use this space. 308

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 118
City St Joseph (No. 917 Logan St. Ward)

2. FULL NAME Catherine Davis
(a) Residence. No. 917 Logan 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Housework~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1838

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
89	8	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework 131 97
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Crab Orchard
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER James M Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Polly Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ky.

14. INFORMANT Geo W Davis
(Address) Rosendale Mo

15. FILED JAN 30 1928 19 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 29, 1928, that I last saw her alive on Jan 29, 1928, and that death occurred, on the date stated above, at 11 50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
129 a
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Uteroscleroma
(duration) yrs. mos. 30 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? Inspection
(Signed) V R Wilson, M. D
1/29, 1928 (Address) Rosendale 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 Dysart Cem near Filmore Mo — DATE OF BURIAL 1/31 1928

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis

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.