MAY 29 1928

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

Do not use this space.

12152

6

1. PLACE OF DEATH
County: Andrew — Registration District No.: 13 — File No.: 32
Township: ~~Nodaway~~ — Primary Registration District No.: 4010 — Registered No.:
City: Savannah (No. ..... St. ..... Ward)

2. FULL NAME: Eva Fern 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 20-1927

7. AGE: Years — Months: 4 — Days: 28 29 — If LESS than 1 day, ... hrs. or ..... min.

8. 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): Guilford
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Logan Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Andrew Co
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Ouetta McCoppin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Nodaway Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: Logan Davis
(Address): Savannah Mo.

15. FILED: 4/19, 19.. G. T. Jefferis SND
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/16 - ....., 1928, to 4/18, 1928, that I last saw her alive on 4/18 - 9:30 a, 1928, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis Acute
106A
(duration) — yrs. — mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J C Hoshor, M. D
4-18, 1928 (Address) Savannah 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: Savannah — DATE OF BURIAL: 4-19 1928

20. UNDERTAKER: E. C. Breit — ADDRESS: Savannah 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.