4 1928

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

Do not use this space.

14413

1. PLACE OF DEATH
County Polk — Registration District No. 704 — File No. 751
Township Wishart — Primary Registration District No. 5933 — Registered No. 704
City Near Morrisville (No. MD, ... St. ..... Ward)

2. FULL NAME Alice Jane Davis
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 - 1883

7. AGE: 45 YEARS — MONTHS — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

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): ~~Wishart~~
(c) Name of employer: ~~Mo~~

9. BIRTHPLACE (CITY OR TOWN) Wishart
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Richard Jouett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER Maraget Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. X INFORMANT Emory Davis
(Address) Marysville Mo.

15. FILED April 24, 1928 Grace Miller Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1928

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928 to April 24, 1928 that I last saw her alive on April 24, 1928 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute suppurating splenitis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) not known
Probable indolus from Pelvic [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF Jan 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Immed
(Signed) D. J. Durrell, M. D
, 19 (Address) Morrisville 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: Slagle — DATE OF BURIAL: 4-26 1928

20. UNDERTAKER: White Undertaking Co. By R. W. Gould — ADDRESS: Morrisville 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.

suspected malignancy

Please ask the physician to state the cause for the relief of which the operation was performed. Please sign and return.

(1829)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Polk. Registration District No. 707 File No. 751

Township Wishart Primary Registration District No. 5936 Registered No. 5

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Alice Jane 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	—	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or [illegible] work Housewife

(b) Name of industry, [illegible] establishment in [illegible] (or employer) .....

(c) Employer

BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Wishart Mo

PARENTS

10. NAME OF FATHER Richard Poscett

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

12. MAIDEN NAME OF MOTHER Margaret Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Emany Davis
(Address) Marysville

15. FILED June 11, 1928 Mrs. Hattie M. Taylor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1928 to April 24, 1928 that I last saw her alive on Apr 24, 1928, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Suppurative Splenitis

64a

(duration) ..... yrs. ..... mos. few ds.

CONTRIBUTORY (SECONDARY) not known probable infection from pelvic operation (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? yes DATE OF year 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. J. Harrell, M. D

, 19 (Address) Marrisville

*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	DATE OF BURIAL
	19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. ... of information should be carefully supplied. AGE should be stated EXACTLY. ... state
CA ... H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... rtant.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED ... AW

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