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.

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

Do not use this space.

16982

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 192

City Independence (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Davis

(a) Residence. No. 1126 N. Spring St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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: George Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 1, 1858.

7. AGE: 70 YEARS — MONTHS: 11 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Decalb
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: John Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN): SexHellton
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Anna K. Crum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): SexHellton
(STATE OR COUNTRY): Germany

14. INFORMANT: Lillian Fern Davis
(Address) 1126 N. Spring

15. FILED 5/25 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to May 14, 1928 that I last saw her alive on May 14, 1928 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease + Myocarditis
131
930 (duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 Cal
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. L. Cook, M. D.
5/15, 1928 (Address) Independence

*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: Mount Grove Cemetery — DATE OF BURIAL: 5-16-28

20. UNDERTAKER: C. D. Carson + Son — ADDRESS: Independence M.