

UG 22 1928

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

Do not use this space.

23346

1. PLACE OF DEATH

County Jefferson Registration District No. 213
Township _____ Primary Registration District No. 5014
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 177
St. _____ Ward _____

2. FULL NAME

Myrtle David
(a) Residence, No. 612 Lafayette 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Davis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1904
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 23 9 3

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

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

10. NAME OF FATHER Charles Hull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maria Cook

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

14. INFORMANT Mrs Maria Hull (Address) 612 Lafayette

15. FILED 8-2-28 19. J. V. Buford REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928
17. I HEREBY CERTIFY That I attended deceased from 7-21-28 to 7-21-28 that I last saw her alive on 7-21-28 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary tuberculosis
23A
(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General debility
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH, _____ DATE OF _____

0 DID AN OPERATION PRECEDE DEATH? _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol
(Signed) Robert Anderson
, 19 (Address) Jefferson City, 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 City Cem. DATE OF BURIAL July 27 1928

20. UNDERTAKER Arvon Tamm ADDRESS _____

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.

