

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

Do not use this space.

30928

1. PLACE OF DEATH

County LACLEDE
Township.....
City LEBANON (No.) St. Ward)

Registration District No. 444
Primary Registration District No. 4267

File No.
Registered No. 1494

2. FULL NAME

FAY DAVIS
(a) Residence, No. Wright Co 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 7 26

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) Searcy County Mo (STATE OR COUNTRY)

10. NAME OF FATHER J.F. Davis

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

12. MAIDEN NAME OF MOTHER Joe L. Mountain

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

14. INFORMANT J.F. Davis (Address) Wright Sprag

15. FILED SEP 28 1928 J.M. Bellamy REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) SEPT. 22 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 19 to Sept 22 1928 that I last saw her alive on Sept 22 1928 and that death occurred, on the date stated above, at 11:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

ruptured appendix
apendicitis

CONTRIBUTORY General Peritonitis (SECONDARY) (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED HOME (duration) yrs. mos. 11 da.

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 15

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory, Searcy

(Signed) P. Thompson M.D.

, 19 (Address) Wright Sprag 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 Shady Cemetery DATE OF BURIAL 9-23 1928

20. UNDERTAKER PALMER ADDRESS LEBANON.

K. 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.

WRITE PLAINLY, WITH

