WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 21 1929

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

Do not use this space.

5994

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township Franklin — Primary Registration District No. 5-373 — Registered No. 32

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

2. FULL NAME Eva Mildred 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1929

7. AGE — YEARS — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work V

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Luther Davis

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

12. MAIDEN NAME OF MOTHER Eunice James

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

14. INFORMANT Luther Davis
(Address) Darien Mo

15. FILED 2/11 1929 W. E. Rudd, Tw. Dr.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 10, 1929, that I last saw her alive on Feb 6, 1929, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

1 [illegible]

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 100 W

(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) W. G. Dillon, M. D

19 (Address) Salem 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 Ashley Cemetery — DATE OF BURIAL Feb 12 1929

20. UNDERTAKER None — ADDRESS