

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

Do not use this space.

24400

1. PLACE OF DEATH

County..... Harrison Registration District No. 334
Township..... Bethany Primary Registration District No. 4197
City..... Bethany (No.) St. Ward)

File No. 518
Registered No.
St. Ward)

2. FULL NAME

Eula Jean 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 S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1927

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
1 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Harrison Co. Mo.

10. NAME OF FATHER Wm. Samuel Davis

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

12. MAIDEN NAME OF MOTHER Luck E. Barnett

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

14. INFORMANT Wm. Samuel Davis
(Address) Bethany Mo.

15. FILED 8/10 1929 H. J. Harmed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-12, 1929, to 7-12, 1929, that I last saw him alive on 7-12, 1929, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Severely scalded resulting in death
181 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 179 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 16
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. J. Harmed M. D.

Aug 10, 1929 (Address) Bethany 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 Lonestar Mo. DATE OF BURIAL 7-14 1929

20. UNDERTAKER L. W. Hays ADDRESS Bethany 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.

1929
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