FEB 20 1930

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

Do not use this space.

2247

1. PLACE OF DEATH
County: Pike
Township: Calamet
City: ..... (No. ..... St. ..... Ward)
Registration District No. 685
Primary Registration District No. 5909-B
File No. 21
Registered No. 3

2. FULL NAME: Mary G 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 21 - 1855

7. AGE: YEARS 84 | MONTHS 5 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Pike Co Mo

PARENTS
10. NAME OF FATHER: Peter Vaughan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Jeans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Kentuckey

14. INFORMANT: Mrs Lucy Melon
(Address): Quincy Ill

15. FILED: Febr, 1930 W W Treadway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1930, to Jan 23, 1930 that I last saw her alive on Jan 23-30, 19....., and that death occurred, on the date stated above, at 10:55 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Bronchitis
106D
..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Influenza
..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) C L B Lockhead, M. D
1-24-, 1930 (Address) Paynesville 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: Clarksville Mo
DATE OF BURIAL: 1-25- 1930

20. UNDERTAKER: L H Brown Clarksville
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.