

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

Do not use this space.

2385

1. PLACE OF DEATH

County Ripley
Township Johnston
City Johnston (No. _____) St. _____ Ward _____

Registration District No. 250
Primary Registration District No. 5985

File No. 9
Registered No. 932

2. FULL NAME

Marjorie Davis

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Caucasian 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) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ripley Co., Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Bill Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ripley Co., Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER M. Kinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ripley Co., Mo.
(STATE OR COUNTRY)

14. INFORMANT W. E. Reeves
(Address)

15. FILED 1/9 1930 E. B. Johnston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-3-1930, to 1-7-1930 that I last saw her alive on 1-7-1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Polar Pneumonia
10%

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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? Clyneal

(Signed) Ch. Proctor, M. D.

1/8 1930 (Address) Dr. Proctor

*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

DATE OF BURIAL

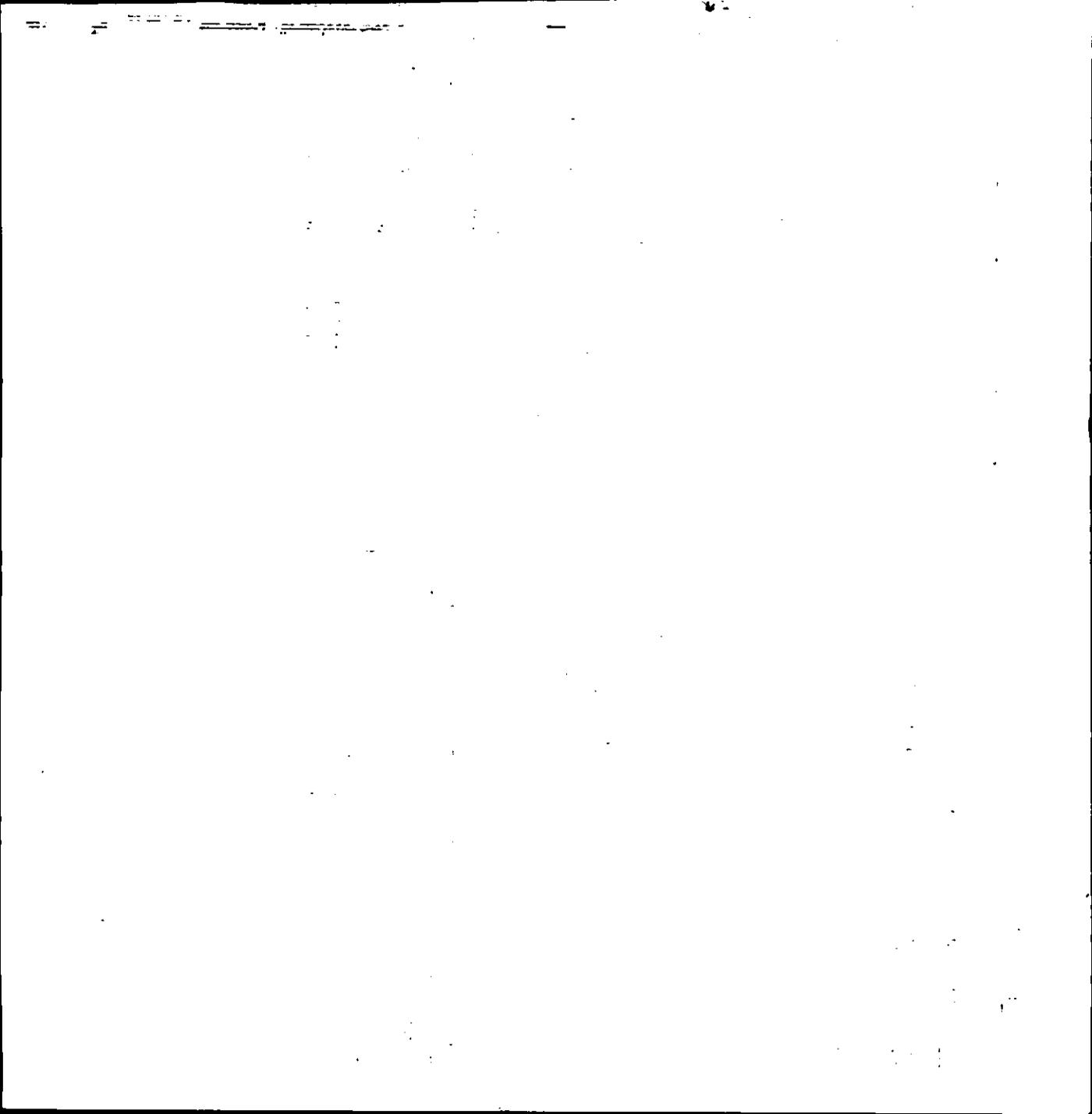
Belleview Cem.

1-9-1930

20. UNDERTAKER

ADDRESS

Family & friends.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Ripley
Township Johnston
City (No.)

Registration District No. 95-1
Primary Registration District No. 5985-

File No. 290/9
Registered No. 5 932
St. Ward

2. FULL NAME

Marjorie 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 11 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 S
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
11 Unknown

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

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

10. NAME OF FATHER Bill Davis

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

12. MAIDEN NAME OF MOTHER McKinney

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

14. INFORMANT W. E. Reeves
(Address)

15. FILED 4/10 30 St. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 7 19 30

17. I HEREBY CERTIFY, That I attended deceased from 1-3 to 1-7, 19 30
(that I last saw h. alive on 1-6-7, 19 30, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
tubercular pneumonia
(duration) ... yrs. ... mos. 7 da.

CONTRIBUTORY (SECONDARY)

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? Clinical
(Signed) C. A. Doctor, M. D.
, 19 (Address) Doniphan 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 Bellevue Cem. DATE OF BURIAL 1-9 19 30

20. UNDERTAKER Family & Friends
ADDRESS

SUPPLEMENTARY

REGIS. -RS SHALL NOT USE FOR CERTIFICATION PURPOSES

S-2385