APR 28 1930

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

Do not use this space.

8371

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: — Primary Registration District No.: 2001 — Registered No.: 220
City: Springfield (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME: Thelma Jessie Davis
(a) Residence. No. R 1 Nixa, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. (IF MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF (OR WIFE OF) Earl Davis
Wife of

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-25th-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	17	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookline, Mo.

PARENTS
10. NAME OF FATHER: W.P.Phillips
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Brookline, Mo.
12. MAIDEN NAME OF MOTHER: Addie Alda
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Brookline, Mo.

14. INFORMANT: Earl Davis
(Address): Nixa, Mo. R 1

15. Mch-12-30 FILED, 19 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 12 1930

17. I HEREBY CERTIFY, That I attended deceased from March-11-30, to Mch-12-30, 19 that I last saw her alive on Mch-12, 19 30 and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia resulting from Shock & Ceserean Section
17 Hours
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis complicating pregnancy (duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED (Ceserean Section)
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/12/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. G. Franz, M. D.
3/12/30 19 (Address) Republic, 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	DATE OF BURIAL
Phillips Cemetery	3/13 19 30
20. UNDERTAKER	**ADDRESS**
R. E. Lawson	Republic, 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.