

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

Do not use this space.

23660

62

1. PLACE OF DEATH

County New Madrid
Township "
City "

Registration District No. 604
Primary Registration District No. 3802

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Laura Elizabeth Davis

(a) Residence No. _____ St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) April 19, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>2</u>		<u>26</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Genera Stewart

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

14. INFORMANT Wm Davis
(Address) Residence, Mo

15. FILED 7/16/30 W. B. Garrison
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15th 1930

17. I HEREBY CERTIFY, That I attended deceased from 10 July 1930 to 15 July 1930, 1930 that I last saw her alive on July 15, 1930, and that death occurred, on the date stated above, at 10² a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inters Colitis
119B

CONTRIBUTORY (SECONDARY) 1136
(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) J. D. Hakee, M. D.
, 19 30 (Address) New Madrid

*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 Davis Cem DATE OF BURIAL 7-16 1930

20. UNDERTAKER Richardson, Mo ADDRESS New Madrid

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.

STATE DEPARTMENT WITH ENCLAVING INFORMATION IS A PERMANENT RECORD

