DEC 22 1930

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

Do not use this space.

36705

1. PLACE OF DEATH
County Linn
Township
City Brookfield (No. ..... St. ..... Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 82

2. FULL NAME Caroline Davis
(a) Residence. No. 421 Nichols St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joe Davis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) (unknown) 1857
7. AGE Years 73 Months ✓ Days ✓ If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Rothville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Sears
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT + Fred Davis
(Address) Brookfield Mo
15. FILED 11-10, 1930 Bessie M. Fox Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1930
17. I HEREBY CERTIFY, That I attended deceased from March 10 —, 1929, to Nov 6, 1930 that I last saw her alive on Nov 6, 1930 and that death occurred, on the date stated above, at 9:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
90B
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? Usual clinical methods
(Signed) Roy R. Haley, M. D.
, 19 (Address) Brookfield 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 Rose Hill Cemetery
DATE OF BURIAL 11-11 1930
20. UNDERTAKER Homer S. Bowden
ADDRESS Brookfield