

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

Do not use this space.

39475

**1. PLACE OF DEATH**

County Jackson Registration District No.           
Township Four Primary Registration District No.           
City Keosau (No. 3912) Smart Lane St.          Ward         

File No.           
Registered No. 50047  
St.          Ward         

**2. FULL NAME**

Ethel Fay Davis  
(a) Residence No. 3912 Smart Ave. St. 9th Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
*(write the word)*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
45 8 5

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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buckner  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Luther Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hopkinsville  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson County  
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles L. Davis  
(Address) 3912 Smart Lane

15. FILED 17/16 30 M. M. Coroner  
1930          REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1930, to Dec 15 1930, that I last saw h. alive on Dec 15 1930 and that death occurred, on the date stated above, at 9:42 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
131  
92A (duration) Less than 1 yrs. mos. ds.  
CONTRIBUTORY Chronic interstitial nephritis  
(SECONDARY) (duration) Less than 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF None  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) V. Cordry M. D. M. D.  
12/15/30 (Address) 805 Elmwood ave

\*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 Buckner Mo. DATE OF BURIAL Dec 17 30

20. UNDERTAKER V. M. Reppert ADDRESS Buckner Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. 1. NO. 2.

