

MAR 25 1931

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

Do not use this space.

6116

1. PLACE OF DEATH

County LACLEDE
Township
City LEBANON (No.)

Registration District No. 1449
Primary Registration District No. 1267

File No.
Registered No. 163B
St. Ward)

2. FULL NAME EMMA N. 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 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 11 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lebanon Mo. (STATE OR COUNTRY)

10. NAME OF FATHER John H Jones

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

12. MAIDEN NAME OF MOTHER Dona Garrett

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

14. INFORMANT Mrs. John Keen (Address) Lebanon Mo.

15. FILED 2/26, 1931 J. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB. 18, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1931 to Feb 18 1931, and that I last saw her alive on Feb 18 1931, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia, Cerebral Hemorrhage

82A (duration) yrs. mos. 31 ds.
CONTRIBUTORY (SECONDARY) 1928 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF 1
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
(Signed) P. Thompson M. D.
.19 (Address) Lebanon 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 Lebanon Mo. DATE OF BURIAL 19

20. UNDERTAKER Palmer ADDRESS Lebanon

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.

