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.

MAY 23 1931

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

Do not use this space.

13847

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2006 — Registered No. 326
City Springfield (No. Welfare Home St. Ward)

2. FULL NAME Ruth Anna Davis
(a) Residence, No. Welfare Home 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 2
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infants
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1931
7. AGE YEARS MONTHS DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

FATHER
13. NAME Jesse Morbett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ruth Anna Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Welfare Home Matron Springfield, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE April 23, 1931
19. UNDERTAKER (ADDRESS) [illegible] Springfield Mo
20. FILED 4-24, 1931 Lou Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1931, to 4-23-, 1931
I last saw her alive on 4-23, 1931. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:
meningitis (Pyogenic) — Date of onset 4-15-31
15 7 a
Other contributory causes of importance:
Spina Bifida
Hydrocephalus
Name of operation Removal of Cyst of Lumbo Sacral region 4-9-31
What test confirmed diagnosis? Examination Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Newton Wakeman, M. D.
(Address) 506 Holland Bldg Springfield Mo

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