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

Do not use this space.
16793

1. PLACE OF DEATH County: Shannon
Township:
City: Birch Tree (No. , St. Ward)
Registration District No. 822
Primary Registration District No. 4497
File No.
Registered No. 3

2. FULL NAME Mary Jane 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.

APR 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anaxagoras Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): 1925
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co. Ala.

FATHER
13. NAME: Jesse Bean Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blount Co Ala

MOTHER
15. MAIDEN NAME: Eliza Jane McCurdy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Limestone Co Ala

17. INFORMANT: R. L. Davis
(ADDRESS): Birch Tree Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montier Cemetery DATE: 4/3 1931

19. UNDERTAKER: John Dudeau
(ADDRESS): Mt View Mo

20. FILED: , 19
R. L. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1931 to April 2, 1931
I last saw her alive on April 2, 1931. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset 3/29-31
107A

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) R. L. Davis, M. D.
(Address) Birch Tree Mo

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.

-15-