

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

Do not use this space.

17662

File No. _____
Registered No. **354**
St. _____ Ward _____

1. PLACE OF DEATH
County Franklin Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 1117 W. State St.)
2. FULL NAME Samuel Elizabeth Davis
(a) Residence, No. 1117 W. State St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Davis</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10 - 1862</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>310</u>			
	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) <u>Ill</u>				
FATHER	13. NAME <u>Bernjamin F. Brady</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
MOTHER	15. MAIDEN NAME <u>Katherine Hastings</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT <u>Alfred Davis</u> (ADDRESS) <u>1117 W. State</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Royalwood</u> DATE <u>5/6/31</u>				
19. UNDERTAKER <u>W. F. Knapp</u> (ADDRESS) <u>Springfield, Mo.</u>				
20. FILED <u>5-6-31</u> <u>For Sharp</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-31

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 5-2-31, 19____.

I last saw him alive on 5-2-31, 19____. Death is said to have occurred on the date stated above, at 2407 m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset April 27 1931
1119
1119
1119

Other contributory causes of importance:
Cerebral Febricitation April 26 1931

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Frederic B. Webb, M. D.
(Address) Springfield, 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.

APR 25 1931

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