

1931
27
04

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

25798 use this space.

1. PLACE OF DEATH

County Clatsop Oregon

Registration District No. 632

File No. _____

Township _____

Primary Registration District No. 4382

Registered No. _____

City Thayer (No. _____)

St. _____ Ward _____

2. FULL NAME

Bethel Fay 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Club
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) Thayer Mo.

13. NAME Geo. A. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Museum

15. MAIDEN NAME Margaret Bae

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo.

17. INFORMANT (ADDRESS) Geo A. Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE Davis Cem. DATE _____ 19.

19. UNDERTAKER (ADDRESS) Geo Carr

20. FILED July 9 1931 C. Rhea Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1931

22. I HEREBY CERTIFY, That I attended deceased from May 6th, 1931, to July 2nd, 1931

I last saw her alive on July 2nd, 1931 Death is said

to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Trouble

75B
71B 95B

Other contributory causes of importance:

Arteriosclerosis

Date of onset

Life duration

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Chas. Williamson D.C., M. D.

(Address) Thayer Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1931

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