

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

Do not use this space.

25890

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 4403
City Rolla (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Hettie M. Davids

(a) Residence, No. Edgar Springs 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.R. Davids

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Edgar Springs Mo

13. NAME Hallie Karnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Frances Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs Birt Spoon (ADDRESS) Edgar Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar Springs DATE Aug 2, 1931

19. UNDERTAKER Null and Licklider (ADDRESS) Rolla, Mo

20. FILED Aug. 1, 1931 Joe F. Ayers Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to July 31, 1931.
I last saw her alive on July 31, 1931. Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Streptococcus infection
115A of throat
115A 115A
Other contributory causes of importance:
Probably started from
abscess tooth

Date of onset July 18

Name of operation _____ Date of _____
What test confirmed diagnosis? Murrosopical 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) H. J. Smith, M. D.
(Address) Rolla, 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.

AUG 29 1931

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