

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Ward
 City R.C. Mo.

Registration District No.
 Primary Registration District No.

File No. 28211
 Registered No. 20000
 (No. Ward St. Ward)

2. FULL NAME Myrna Davis

(a) Residence. No. Shesly Ave St. X Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 **MEDICAL CERTIFICATE OF DEATH**

3. SEX

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

—

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

Jan. 4, 1924

7. AGE

7 YEARS

MONTHS

7

DAYS

0

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

unc.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Shesly Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Harry Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bridie Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14. INFORMANT

Harry Davis

(Address)

Excelsior Mo Mo

15. FILED

8/4 31 M.M. Crowe

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8 4 1931

17.

I HEREBY CERTIFY, That I attended deceased from 9 AM

8-9, 1931, to 8-3, 1931

that I last saw h. e. r. alive on 8-21, 1931, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition and Bronchopneumonia
Pneumonia present at least 2 days.
15-16 (duration) yrs. mos. ds.
18-27

CONTRIBUTORY (SECONDARY)

Enlarged Heart Disease

(since birth)

(duration) yrs. mos. ds. 15 7 17

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Shesly Mo.

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

Wras Pathological find

(Signed)

H L Sawyer, M. D.

8/4, 1931 (Address) Med. Arts Bldg Shesly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Excelsior Mo Mo

Aug 6 1931

20. UNDERTAKER

ADDRESS

John C. Prother

Excelsior Mo Mo

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

