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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 329 — File No. 31408
Township Raw — Primary Registration District No. 1002 — Registered No. 3305
City K.C. (No. 8600 Missouri Ave St. ..... Ward)

2. FULL NAME Anna Frances Davis
(a) Residence. No. 8600 Mo. Ave St., ? Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1870

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 61 | 4 | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Fred Mock
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Md.
12. MAIDEN NAME OF MOTHER Lucy Wilcox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

14. INFORMANT Chas. H. Davis
(Address) 8601 Mo. Ave

15. FILED 9/22, 1931 M. M. Crowe
Assn REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931 to Sept. 20, 1931 that I last saw her alive on Sept. 20, 1931 and that death occurred, on the date stated above, at 10 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
48
122 B
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Uterus
About (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Cannery Anderson, M.D.
9-21, 1931 (Address) 6520 Indep. Ave.

*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: Mt. Hash
DATE OF BURIAL: Sept 22 1931

20. UNDERTAKER: C. H. Blackman & Son
ADDRESS: City

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.