

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

Do not use this space.

31960

**1. PLACE OF DEATH**

County Missouri  
Township Freemore  
City Portageville (No. ....)

Registration District No. 604  
Primary Registration District No. 5803

File No. 121  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Ellen 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house

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) Portageville, mo

13. NAME John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claverport, Mo

15. MAIDEN NAME Adeline Rose Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome, Ind

17. INFORMANT W. W. Laws (ADDRESS) Port Pleasant, mo

18. BURIAL (CREMATION) OR REMOVAL PLACE Port Pleasant DATE 9-3-31

19. UNDERTAKER R. M. Payne (ADDRESS) Portageville, mo

20. FILED 9/30 1931 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to Sept 2nd, 1931  
I last saw her alive on Sept 2nd, 1931. Death is said to have occurred on the date stated above, at 11:10 p.m.

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

200A  
200W  
Other contributory causes of importance:  
Heart failure

Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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) R. Lee Williams, M. D.  
(Address) Port Pleasant, 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.

OCT 24 1931

