

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

Do not use this space.

32172

1. PLACE OF DEATH
 County Polk Registration District No. 710
 Township Mooney Primary Registration District No. 5939
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME Mary Jane Davenport
 (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 all her life yrs. mos. ds.
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 William Davenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852-Mar 7

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>5</u>	<u>28</u>	

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) Pulaski Co. Missouri

FATHER

13. NAME Blasingame Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Susie Freshwater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Will Williams
 (ADDRESS) Lamar Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hope DATE Sept 6 1931

19. UNDERTAKER Willard Erwin
 (ADDRESS) _____

20. FILED Sept 8 1931 Estelle Benton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1931, to Sept 4, 1931
 I last saw her alive on Sept 4, 1931 Death is said to have occurred on the date stated above, at 6:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Internal Injury Date of onset _____
Caused from _____
fall _____
186A _____
194B _____
1127 _____
 Other contributory causes of importance: old age

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 Aug 19 1931
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. E. Albright, M. D.
 (Address) Pleasant Hope 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.

OCT 24 1931

