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

Do not use this space.

39899

File No.
Registered No.

1. PLACE OF DEATH
County: Stone
Township: Washington
City (No. St. Ward)
Registration District No.: 843
Primary Registration District No.: 6106

2. FULL NAME: Ailey Catherine 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.

DEC 28 1931

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. THIS IS A PERMANENT RECORD

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: John Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7 1850

7. AGE: Years 81 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Stone Co Mo

FATHER
13. NAME: John Edward Melton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Martha Henson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Frances Henson
(ADDRESS) Galena Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Galena Cem. DATE: Nov 8, 1931

19. UNDERTAKER: Dra Hunt
(ADDRESS) Galena Mo

20. FILED: Nov 9, 1931 Nellie H. Tromly, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 7, 1931
I last saw him alive on Nov 4, 1931. Death is said to have occurred on the date stated above, at 5-4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	
108	

Other contributory causes of importance:
Senility

Name of operation: no Date of
What test confirmed diagnosis? no 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) J. H. Young, M. D.
(Address) Galena Mo