

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.

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

Do not use this space.

40739

1. PLACE OF DEATH

County Henry
Township Liberty
City Calhoun (No.)

Registration District No. 349
Primary Registration District No. 4207

File No.
Registered No. 36
St. Ward)

2. FULL NAME

Susan Francis Davis

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 24 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

J. E. Davis

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

Sept 29-1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

2

26

8. OCCUPATION OF DECEASED

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

house wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bloom ville

(STATE OR COUNTRY)

Cooper Co.

10. NAME OF FATHER

Americus Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Elizabeth Jolly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bloom ville
Cooper Co.

PARENTS

14.

INFORMANT

(Address)

Mrs. Geo. Purchase
Green Ridge, Mo.

15.

FILED

Dec 26 1931

Mrs. A. A. Gray

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 25 1931

17.

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 24, 1931, that I last saw him alive on Dec 24, 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Bladder
(Carcinoma)

53B

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY Do not know
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. A. Ballard

M. D.

, 19

(Address) Calhoun Mo

*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

Green Ridge Cemetery

Dec 26 1931

20. UNDERTAKER

ADDRESS

J. A. Housley

Calhoun Mo

