

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

Do not use this space.

41558

1. PLACE OF DEATH

County Marion
Township Warren
City (No. _____) _____

Registration District No. 552
Primary Registration District No. 5745

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary L. 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 70 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. M. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 27th 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 2

12. BIRTHPLACE (CITY OR TOWN) Warren Township
(STATE OR COUNTRY) Marion Co. Mo.

13. NAME Washington Moreland

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

15. MAIDEN NAME Sabell Robertson

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

17. INFORMANT David L. Davis
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Andrews Chapel - Marion Co. DATE Dec 8 1931

19. UNDERTAKER Wilson & Son
(ADDRESS) Marion Co. Mo.

20. FILED Jan 8th 1931 Miss Alta V. Wagner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th 1931, to Dec 6th 1931

I last saw h. w. alive on Dec 6th 1931 Death is said to have occurred on the date stated above, at 10:55 pm.

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

Coronary Fibrillation Date of onset Nov 20 1931
92A 95A
Other contributory causes of importance: Myocardial Insufficiency 1900

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic. Findings 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) John H. Webb M. D.
(Address) Marion Co. 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.

