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

Do not use this space.
20485

1. PLACE OF DEATH
County: Polk
Township:
City: Aldrich (No. ..... St. ..... Ward)

Registration District No. 700
Primary Registration District No. 1421

File No. 00
Registered No.

2. FULL NAME Festa May 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 2 yrs. 5 mos. 3 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: Finis Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1905

7. AGE: YEARS 27 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Wishart Mo

FATHER

13. NAME: Merline C. Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shady Grove Mo

MOTHER

15. MAIDEN NAME: Emma Viola Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co Mo

17. INFORMANT: Mrs. M. C. Hensley
(ADDRESS) Aldrich Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Enon Cemetery DATE: June 13, 1932

19. UNDERTAKER: B. E. Coulson
(ADDRESS) Aldrich Mo

20. FILED: June 17, 1932 E. E. Lapcose
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to June 12, 1932
I last saw her alive on June 1, 1932. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Nephritis	1931
9329	
1198A	
9128	
Other contributory causes of importance: Cardiac dilitation	Apr 1932

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 ....., 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) B. B. Kirby, M. D.
(Address) Dadeville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

S. No. 2.

JUN 26 1932