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.

JUL 27 1932

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

Do not use this space.

20539

File No. .....

Registered No. 34

1. PLACE OF DEATH

88 County Randolph — Registration District No. 735

6 Township ..... — Primary Registration District No. 3034

8 City Moberly (No. ..... St. ..... Ward)

2. FULL NAME Annie E. Davis

(a) Residence. No. Holliday Mo. 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. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F. G. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2-1852

7. AGE: Years 80 — Months 5 — Days 23 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri Monroe Co.

PARENTS

10. NAME OF FATHER: John N. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Elizabeth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Ben J. Foster
(Address) Moberly 510 S. 5th

15. FILED 6/25, 1932 Thos S. Flaming, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to June 24, 1932 that I last saw her alive on June 24, 1932 and that death occurred, on the date stated above, at 11:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? — (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical

(Signed) Paul C. Davis, M. D

, 19 (Address) Moberly 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: Holliday Mo.

DATE OF BURIAL: 6-26 1932

20. UNDERTAKER: Fred A. Thompson

ADDRESS: Madison Mo.