

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.

66
4
2
657 88 1934

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

Do not use this space.

30100

1. PLACE OF DEATH

County Putnam
Township Union
City Winnouille (No.)

Registration District No. 716
Primary Registration District No. 6430

File No.
Registered No. 35
St. Ward

2. FULL NAME

Mary Elizabeth Davis
(a) Residence, No. Grant 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1848</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>11</u>	DAYS <u>13</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>W. h. m.</u>	
	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 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Sept 26, 1932
I last saw h. or alive on Sept 11, 1932 Death is said to have occurred on the date stated above, at 11:20 P. M.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis 1922
826
97 826 1
Other contributory causes of importance:
Cerebral softening 1930
Date of onset

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 1
	13. NAME <u>Miss Crabtree</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk</u> 2
	15. MAIDEN NAME <u>Nancy McCallister</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome</u>
	17. INFORMANT (ADDRESS) <u>F. O. Davis</u> <u>Winnouille Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thompson</u> DATE <u>Sept 28, 1932</u> <u>Burial</u>	
19. UNDERTAKER (ADDRESS) <u>F. O. Husted & Son</u> <u>Winnouille Mo</u>	
20. FILED <u>11/29/32</u> <u>J. H. Norman</u> Registrar.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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?
If so, specify
(Signed) J. H. Norman, M. D.
(Address) Winnouille

