

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

Do not use this space.

31303

1. PLACE OF DEATH

County Adair
Township _____
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 1-5-3-
St. _____ Ward _____

2. FULL NAME

Collie M. Davis

(a) Residence, No. 1320 N. Franklin 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. P. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 4

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.

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) New York 2

FATHER 13. NAME Walter Carney

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

MOTHER 15. MAIDEN NAME Mary J. Corbit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Hattie E. Carney
(ADDRESS) 1202 N. Franklin, Kirksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 10-7- 1932

19. UNDERTAKER Dee Miller
(ADDRESS) Kirksville Mo

20. FILED Oct 16 1932 Mrs C. H. Beeper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1932 to Oct 6 1932

I last saw h. w. alive on Oct 6 1932 Death is said to have occurred on the date stated above, at va m.

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

Cardiac Dropsy 9/14
930 9/30
150 9/30
1000 9/30
Date of onset 9/14
32
Other contributory causes of importance:
Bronchiectasis & Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? physical 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? _____
If so, specify _____

(Signed) Roy M. Wolf M. D.
(Address) Kirksville 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.

NOV 10 1932

