

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

Do not use this space.

31561

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 7 City Poplar Bluff St. _____ Ward _____
 2. FULL NAME Anna Davis
 (a) Residence, No. 711 Mary St. 3 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.

File No. _____
 Registered No. 180

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W.C.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nick Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1932
 22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1932, to 10-13, 1932
 I last saw her alive on 10-13, 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:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 13. NAME Allen Bass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 17. INFORMANT (ADDRESS) Nick Davis Poplar Bluff, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE City DATE 10-17 32
 19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff, Mo.
 20. FILED Oct 19 1932 B. J. Oline Registrar.

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? _____
 (Signed) W. H. Clay M. D.
 (Address) Poplar Bluff, 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.

NOV 21 1932

