

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.

JAN 7 1933

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

Do not use this space.

34607

1. PLACE OF DEATH
 1 County Adair Registration District No. 4
 2 Township Warsaw Primary Registration District No. 3001
 1 City Warsaw (No.) St. Ward
 2. FULL NAME Catharine M. Davis
 (a) Residence, No. 904 S First 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. 170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1844
 7. AGE YEARS 88 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Uniontown 2

FATHER 13. NAME Benjamin Vanhook

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

MOTHER 15. MAIDEN NAME Hannah Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Jed E. Limon

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewellyn DATE Nov. 6 1933

19. UNDERTAKER (ADDRESS) Summers Son

20. FILED Nov 7 1933 Mrs. C. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to Nov 4 1932

I last saw her alive on Nov 4 1932 Death is said

to have occurred on the date stated above, at 12:30 a.m.

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

apoplexy Date of onset

82 A

Other contributory causes of importance:

82 A

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 (5)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) E. J. Carner, M. D.

(Address) Kearsville Mo

1932-11-4
1844-9-22

88-17

1932-11-4