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.

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

Do not use this space.

34888

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 8007 — Registered No. 1153

City St Joseph (No. St Joseph Hospital St. Ward)

JAN 7 1933

2. FULL NAME Dora Theresa Davis

(a) Residence, No. 2209 south 11 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Thomas A Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1860

7. AGE: YEARS 72 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) St Joseph Missouri 1

FATHER

13. NAME Thomas Raney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 15

MOTHER

15. MAIDEN NAME Ann Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Mrs A C Gaffron
(ADDRESS) 2212 south 11 st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Dec. 2 1932

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 12-1 1932 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932, to Nov. 29, 1932

I last saw her alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 6:10 P.m.

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

	Date of onset
Labor pneumonia	Nov 20
11A	
100	
930	
108	

Other contributory causes of importance: Chr. Myocarditis - Influenza — Nov. 19

Name of operation None — Date of

What test confirmed diagnosis? Clin. — 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? No

If so, specify

(Signed) Frank H Hardigan, M. D.

(Address) Kirkpatrick Bldg