

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

Do not use this space.

39348

**1. PLACE OF DEATH**

40 County Grundy Registration District No. 328  
Township Marion Primary Registration District No. 6465  
City..... No. .... St. .... Ward)

**2. FULL NAME**

Ella Davis

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FA 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) Widow of W. M. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Illinois

13. NAME Joseph Loving

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

15. MAIDEN NAME Sophrona Stephenson

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

17. INFORMANT (ADDRESS) Mrs. Goldia Wetell Dunlap mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson DATE Dec 21, 1932

19. UNDERTAKER (ADDRESS) E. J. Robertson Heard mo.

20. FILED Dec 20, 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Dec 20, 1932. I last saw him alive on Dec 15, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Cancer of sigmoid Date of onset About 1 year  
46  
46  
Other contributory causes of importance: 1

Name of operation None Date of 1  
What test confirmed diagnosis? ✓ Was there an autopsy? 2

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) E. J. Robertson, M. D.  
(Address) Heard 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.

JAN 23 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Grundy  
Township Macon  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 328  
Primary Registration District No. 3434

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Ella Davis

(a) Residence, No. \_\_\_\_\_ 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.M. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 11

OCCUPATION 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.  
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) Illinois

MOTHER 13. NAME Joseph Loving

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

15. MAIDEN NAME Sophrona Stephenson

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

17. INFORMANT (ADDRESS) Mrs. G. G. Hatell Dunlap mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson DATE Dec 21 1932

19. UNDERTAKER (ADDRESS) E. J. Robertson

20. FILED 12-20 1932 E. J. Robertson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Dec 20, 1932  
I last saw him alive on Dec 15, 1932. Death is said to have occurred on the 13<sup>th</sup> stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Cancer of sigmoid Date of onset about 1 year

Other contributory causes of importance: \_\_\_\_\_  
Name of operation none 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? no  
If so, specify E. J. Mains  
(Signed) E. J. Trenton M. D.  
(Address) mo

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

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