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

Do not use this space.

File No. 42802
Registered No.

1. PLACE OF DEATH
County Schuyler
Township Prarie
City Queenacity Mo., (No. , St. Ward)

Registration District No. 806
Primary Registration District No. 4485

2. FULL NAME Dorthy Gertrude 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child at home

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28th 1929

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Palisade Neb, 2

FATHER
13. NAME Walter E. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queenacity Mo, 1

MOTHER
15. MAIDEN NAME Monna Caswell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queenacity Mo,

17. INFORMANT Mrs Walter E. Davis
(ADDRESS) Queenacity Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queenacity Cem, DATE Dec 29 1932

19. UNDERTAKER Wm. N. West
(ADDRESS) Queenacity Mo,

20. FILED 12/29 1932 G T Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932, to Dec 27 1932
I last saw h alive on Dec 27 1932. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal Paralysis
Complicating Condition
Congenital Malformation

109A
140B
46

Other contributory causes of importance:

3

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) , M. D.
(Address) Queen City

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.