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.

2451

1. PLACE OF DEATH

71

County: Morgan — Registration District No.: 597 — File No.: 24

Township: Osage — Primary Registration District No.: 5792 — Registered No.: 597

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Tinnie Davenport — Tinnie Davenport

(a) Residence, No. ..... 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas Davenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-23-1885

7. AGE: YEARS 47 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: House wife
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): Camden Co

FATHER

13. NAME: George Hibden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co

MOTHER

15. MAIDEN NAME: Bitter Hibden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co

17. INFORMANT (ADDRESS): Chas Davenport

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shalts Century DATE: Jan 10, 1933

19. UNDERTAKER (ADDRESS): N C Yoes, Barnett Mo

20. FILED: Jan 9, 1933 W L Slater, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

200B

No Doctor attended this Death

Date of onset

Other contributory causes of importance:

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) C C Smith Naber ~~M. D.~~

(Address) Grairois Mill