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.

7379

File No. 1330

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 2 THOR

Township ..... Primary Registration District No.

City ..... (No. St Louis Hosp St. ..... Ward)

2. FULL NAME Myrtle M. Davis

(a) Residence, No. ..... St., 12 Ward. Christopher Ill
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry L. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1896

7. AGE: Years 36 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER

13. NAME John Tamplin

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

MOTHER

15. MAIDEN NAME Rose Hill

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

17. INFORMANT (ADDRESS) Harry L. Davis Christopher Ill

18. ~~BURIAL, CREMATION~~, OR REMOVAL PLACE Christopher Ill DATE 2-7 1933

19. UNDERTAKER (ADDRESS) N. A. Stock Undt Co 2117 E. Grand

20. FILED FEB 7 1933 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 19..., to 2/6, 19...

I last saw her alive on 2/6 19..... Death is said to have occurred on the date stated above, at 10 30 p m.

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

	Date of onset
Myelogenous Leukemia	

Other contributory causes of importance: None

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) J. D. Hall, M. D.

(Address) Christopher Ill

JUL 23 1981