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

Do not use this space.

10175

File No. .....

Registered No. 20

Registration District No. 477

Primary Registration District No. 4286

1. PLACE OF DEATH
County Lewis
Township Canton
City Canton, Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs. Mary J. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20-1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	11	9	

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) Schuyler Co. Mo.

FATHER

13. NAME James Kaster

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

MOTHER

15. MAIDEN NAME Amanda Kenton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. - Mo

17. INFORMANT Mr. Tom Davis
(ADDRESS) Canton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove Canton Mo DATE Mar. 31, 1933

19. UNDERTAKER F. D. Keller
(ADDRESS) Canton Mo

20. FILED Mar. 31, 1933 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933, to Mar 29, 1933

I last saw h~~im~~ alive on Mar 24, 1933. Death is said to have occurred on the date stated above, at 3 A. m.

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

	Date of onset
Cerebral Apoplexy	1930
DUE	
DUE	

Other contributory causes of importance: Arteriosclerosis Total

Name of operation none Date of .....

What test confirmed diagnosis? ~~Was~~ 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? No
If so, specify .....

(Signed) H. H. Harris, M. D.
(Address) Canton 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.