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.

AUG 26 1933

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

Do not use this space.

File No. 22225

Registered No. 11

1. PLACE OF DEATH

County Andrew — Registration District No. 11

Township Jackson — Primary Registration District No. 5015

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

2. FULL NAME Edith 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	4	20	

OCCUPATION

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

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) andrew co mo

FATHER

13. NAME Joshua Kliger

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

MOTHER

15. MAIDEN NAME Mildred Kulse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) andrew co mo

17. INFORMANT (ADDRESS) E. P. Davis Savannah mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kilmore DATE 7-23 1933

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah mo

20. FILED 7-22 1933 C. W. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 21, 1933

I last saw her alive on July 21, 1933 Death is said to have occurred on the date stated above, at 10 P.m.

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

Date of onset

Empalm Coronary

94B

127B

94K

Other contributory causes of importance:

Infect Gall Bladder

Name of operation none 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) Walter P. Myers, M. D.

(Address) Savannah Missouri