

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

Do not use this space.

25300

1. PLACE OF DEATH
 99 County Scotland Registration District No. 812
 Township Johnson Primary Registration District No. 6061
 City (No. _____) St. _____ Ward _____

2. FULL NAME Stella May Davis
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. (If nonresident, give city or town and State)
 How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22, 1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>9</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u>	
	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) <u>July 4, 1933</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER / FATHER	13. NAME <u>William S. Carder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Ellen Holder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>H. P. Davis</u> (ADDRESS) <u>Mr. Sterling</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home View Cem.</u> DATE <u>July 6, 1933</u>		
19. UNDERTAKER <u>H. A. Burnett</u> (ADDRESS) <u>Wagoner Millton Rd</u>		
20. FILED <u>7/18</u> 19 <u>33</u> <u>M. B. Bates</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to July 4, 1933
 I last saw h. alive on July 4, 1933 Death is said to have occurred on the date stated above, at 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
bleed quite sudden
 Date of onset July 4, 1933

Other contributory causes of importance:
uremic poisoning
summed 9
1929

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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. Meyer M.D.
 (Address) Centrif Iowa

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.

82 MAY 23 1933

