

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

Do not use this space.

25542

4 1. PLACE OF DEATH
County Andrew Registration District No. 26
Township _____ Primary Registration District No. 3002
City Meritt (Usual place of abode) St. _____ Ward _____
4 7
2. FULL NAME Lennie Francis Davis
(a) Residence, No. 594 W. Jackson 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 Female
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, ~~SEPARATED~~ HUSBAND OR (OR) WIFE OF Joe Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18/52
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7.5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Northampton Co. Mo
13. NAME Calie Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT David Davis
(ADDRESS) Meritt, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel DATE Aug 8 - 1939
19. UNDERTAKER W. B. Walker
(ADDRESS) Waller, Mo.
20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 - 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:35.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 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) Dr. Miller, M. D.
(Address) Meritt, Mo.

(over.)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ANS 26 1939

State of Missouri

County of Montgomery

SS

Be it known on this 14th day of August 1933, personally appeared before me, a notary public, in and for the County and State aforesaid, K. B. Wells, who being of lawful age and duly sworn deposeth and sayeth that:

He is a licenced Mortician of the State of Missouri.

That he was the undertaker who buried the remains of Fannie Davis (Col).

That Fannie Davis (Col) died August 5, 1927, and was buried in Mount Carmel Cemetery on August 8, 1927.

That this Duplicate Death Certificate is true to the best of his knowledge and belief.

Further the affiant sayeth not.

K. B. Wells

Subscribed and sworn to before me this 14th day of August 1933.

Paul Branstetter
Notary Public

My Comm. Exps. Jan. 24, 1937.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township 3 Primary Registration District No. 3002
City Miner (No.) St. 1 Ward

File No.

Registered No. 134

2. FULL NAME

(a) Residence, No. 324 1/2 Jackson 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 ♂ 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 — —

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.
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) Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) David Lewis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bernard DATE Aug 8

19. UNDERTAKER (ADDRESS) H. B. Keller

20. FILED Sept 12 1933 Ira S M Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 19 27

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 129 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis State 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) J. B. Keller , M. D.
Ira S M (Address) Miner 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

K. B. WELLS
MORTICIAN

AMBULANCE SERVICE ANY PLACE AT ANY TIME

WELLSVILLE, MISSOURI 8/14/33. 19

The State Board Of Health.

Jefferson City, Mo.

Dear sir.

In answer to your letter of July 25th 1933. In regards to death certificate of Fannie Davis, (Col).

I have every thing except the cause of death, and you will see from the Dr,s letter that he has no record of his work in Mexico but he does remember this case and that she died at that time, My record book shows that death was caused from Cebreal Hemorage, I did not take the liberty to place this over the Dr;s signeture, But my records shows this to be correct, I would think you would have the rite to place cause of death in certificate.

I am sending Dr Millers letter.

Hope this is satisfactory.

Res'pt Yours.

K. B. Wells

AGE sho
K. B. WELLS
MORTICIAN

AMBULANCE SERVICE ANY PLACE AT ANY TIME

WELLSVILLE, MISSOURI

7/31/33
RECEIVED

Dr J. E. Miller.

AUG 15 1933

West Los Angeles. Cala.

**THE STATE BOARD OF HEALTH
OF MISSOURI**

Dear sir.

I am sending you a death certificate
to be filled out, this death hapened
August 5th 1927. (Fanie Francis Davis)(Col)

Seames that this certificate has
ben lost some where and the state wants me
to get them a nothe one for them.

Dr will you fill this out as soon
as you can and return to me.

Many thanks.

Res'pt yours.

K. B. Wells

Dear Mr. Wells: Enclosed you will
find death certificate filled out. I have
not been in Mexico since 1927, have
no records of cases I had there and I
cannot remember name of her death.
Although I remember her death occurred
at that time.
8/33.
Edw. Miller