

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

Do not use this space.

31864

1. PLACE OF DEATH

County Saline Registration District No. 792
 Township Arrow Rock Primary Registration District No. 4473
 City Arrow Rock (No.) St. Ward)

2. FULL NAME

Miranda Popper 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20-1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 0 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. 94 years

12. BIRTHPLACE (CITY OR TOWN) Arrow Rock (STATE OR COUNTRY) Mo.

13. NAME John W. Stearns

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

15. MAIDEN NAME Elijah T. Austin

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

17. INFORMANT Mr. Gannard (ADDRESS) Arrow Rock Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock DATE Sept 27 1933

19. UNDERTAKER B. W. Campbell (ADDRESS) Marshall Mo.

20. FILED 9-1 1933 C. L. Lawrence Registrar.

IV MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Sept 25, 1933
 I last saw her alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 9 a. m.

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

Lobar Pneumonia
108
108
 Other contributory causes of importance:
94 years
 Date of onset 9-23-33

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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) J. Davidson M. D.
 (Address) Gillian 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.

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

