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.

JAN 26 1934

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

Do not use this space.

39176

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. —

Township — Primary Registration District No. 1001 — Registered No. 1200

City St. Joseph, Mo. (No. 707 North 4th Street, St. Ward)

2. FULL NAME Ella Mae Davenport

(a) Residence, No. 707 North 4th Street 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bruce L. Davenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 20, 1896

7. AGE: YEARS 37 — MONTHS 9 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Chillicothe, Missouri

FATHER

13. NAME: John Ludwig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER

15. MAIDEN NAME: Hanna Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago, Illinois

17. INFORMANT (ADDRESS): Bruce L. Davenport, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland DATE Dec. 7, 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED DEC 1 1933, 19 John R. Kender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec 5, 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:55 A.M.

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

Date of onset

Carcinoma of Sigmoid & Rectum ?

(Primary slat carcinoma of Sigmoid)

Other contributory causes of importance:

Name of operation Colostomy Date of Oct 10 33

What test confirmed diagnosis? Sol. 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. M. Allaman, M. D.

(Address) 806 Fred Ave