

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

Do not use this space.

39647

1. PLACE OF DEATH

County Quincy
Township Butts
City (No.) (St. Ward)

Registration District No. 283
Primary Registration District No. 5402

File No.
Registered No.

2. FULL NAME Annora 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. da.

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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-8-1859</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>1</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Charlie Dimes</u> (ADDRESS) <u>Cardwell 220</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wood's Chapel</u> DATE <u>11/25</u> 19 <u>33</u>		
19. UNDERTAKER <u>Central Burial</u> (ADDRESS) <u>Southboro Ark</u>		
20. FILED <u>1-10-1934</u> <u>E. L. Beck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-8- 1933 to 11-24 1933
I last saw her alive on 11-17- 1933. Death is said to have occurred on the date stated above, at 6:45 Am.
The principal cause of death and related causes of importance were as follows:
Carburech
12/24
15/11
1370
Other contributory causes of importance:
Tuberculosis

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 L

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) D. P. Dempsey, M. D.
(Address) Cardwell 220

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.

11/20 1934

THIS IS A PERMANENT RECORD

