

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

Do not use this space.

39925

JAN 26 1934

1. PLACE OF DEATH  
County Gascon Registration District No. 398 File No. \_\_\_\_\_  
Township Blue Primary Registration District No. 301-9 Registered No. 403  
City Independence (No. 1400) (Ward) \_\_\_\_\_  
2. FULL NAME Maudie H. Davis  
(a) Residence, No. 308 W. Plummer 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Davis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dance work  
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) Mo.  
13. NAME Winifred S. Hudson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Elizabeth Kendall  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT L. A. Davis  
(ADDRESS) 6715 College Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Dec 26 - 33  
19. UNDERTAKER Mrs. C. L. Foster  
(ADDRESS) 418  
20. FILED Dec 25 1933 Dr. F. L. Cook  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 23 - 1933  
22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933, to Dec 23 1933  
I last saw her alive on Dec 23 1933 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset Dec 9 1933  
Suppurative Otitis  
of knee joint  
terminal bronchopneumonia Dec 23 1933  
being 3 days  
Other contributory causes of importance:  
15 1/2  
19 1/2  
15 1/2  
Name of operation Dr. F. L. Cook Date of 1933  
What test confirmed diagnosis? Wet mount 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 Unknown injury  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) F. L. Cook M. D.  
(Address) Independence

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.

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**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 Jackson

Registration District No. 998

Township Independence

Primary Registration District No. 3019

City Independence

File No. ....

Registered No. 403

St. .... Ward)

**2. FULL NAME**

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1880

7. AGE YEARS 53 MONTHS 6 DAYS 0 IF LESS than 1 day, .... hrs. or .... min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. UNDERTAKER (ADDRESS)

20. FILED Feb, 5 1934 F. L. Cook Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from

to .....

I last saw h. .... alive on ....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

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)....., M. D.

(Address).....

**SUPPLEMENTARY**

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.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

5-39925

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]