

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Campbell
City Brown Branch

Registration District No. 974
Primary Registration District No. 5382

File No. 4452
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Edith Davis
(Usual place of abode) Brown Branch Mo. Ward.

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 - 1912</u>		
7. AGE <u>22</u>	YEARS <u>20</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-keeper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House-keeper</u>
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) <u>Springfield, Ill.</u>		
13. NAME <u>J. M. Davis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Anna May Davis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Carl G. Davis, Brown Branch, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel cemet</u> DATE <u>Feb 13, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Neighbors, Brown Branch</u>		
20. FILED <u>Mar 22, 1934</u> <u>Dora Mendel</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 9, 1934.
I last saw her alive on Feb 9, 1934. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Double Pneumonia
Date of onset _____

Other contributory causes of importance: 109

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam Was there an autopsy? 12/12

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. C. Ellis, M. D.
(Address) _____

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.

