

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.

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

Do not use this space.

MAY 25 1934

12581

1. PLACE OF DEATH

County Greene Registration District No. 318
Township St. Johns 180th Primary Registration District No. 2001
City Springfield (No.) St. Ward

File No.
Registered No.

2. FULL NAME

(a) Residence, No. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Eureka Springs, Ark.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
WIFE OF E. P. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-12-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ind

13. NAME M. Davis

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

15. MAIDEN NAME Phoebe Meise

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

17. INFORMANT Grace Sees (ADDRESS) Springer MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Eureka Springs Ark DATE 4-27-34

19. UNDERTAKER (ADDRESS) New Brk. Custom Newlon
Eureka Springs

20. FILED 4-25 19. 34 John W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 25, 1934
I last saw her alive on April 25, 1934 Death is said to have occurred on the date stated above, at 7:10 m.

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

Carcinoma Larynx Date of onset
right kidney

Other contributory causes of importance: 53
Bronchasthma

Name of operation nephrectomy Date 4-18-34

What test confirmed diagnosis? Labatory 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) Walter S. Sewell, M. D.

(Address) Springfield, Mo.

