

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.

JUN 21 1934

233-2

Trucks

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

Do not use this space.

16368

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo (No. 17) First Baptist Hosp Registered No. 1822 Ward \_\_\_\_\_

2. FULL NAME Orpha M. Davis

(a) Residence, No. R4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Silas Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 1897</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>11</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bristow Indiana</u>		
13. NAME <u>George Oakes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wabash Indiana</u>		
15. MAIDEN NAME <u>Edith Dujin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wabash Indiana</u>		
17. INFORMANT <u>Silas Davis</u> (ADDRESS) <u>Sp No. 11-4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rehler Bluff</u> DATE <u>May 5 1934</u>		
19. UNDERTAKER <u>Fred C. Phemmy</u> (ADDRESS) <u>Springfield Mo</u>		
20. FILED <u>5/31</u> 19 <u>34</u> <u>Ralph Stanton</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1934 to May 3 1934

I last saw h. or alive on May 2 1934. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:  
General Sepsis following Child birth  
Nephritis 145

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Laboratory Date of \_\_\_\_\_

What test confirmed diagnosis Laboratory Where 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 Truck driver M. D.  
(Signed) \_\_\_\_\_ (Address) 200 W. Court St

