

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

Do not use this space.

1. PLACE OF DEATH

County Savannah
Township Savannah
City Savannah (No.) St. Ward

Registration District No. 13
Primary Registration District No. 4010

File No. 19357
Registered No.

2. FULL NAME

Mary Jane Davis
(a) Residence, No. St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
82 2 5

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) Morgan Co. Ohio

13. NAME Wm Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Ohio

15. MAIDEN NAME Polly Brothers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Ohio

17. INFORMANT Mrs. W. Martin (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Cemetery DATE June 22 1934

19. UNDERTAKER (ADDRESS) C. C. McCall Baltimore Mo.

20. FILED June 21 1934 Mrs. A. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1934

22. I HEREBY CERTIFY That I attended deceased from June 19 1934 to June 20 1934. I last saw her alive on June 19 1934. 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:

9913
Cerebral Hemorrhage
99
0201
Other contributory causes of importance
Arteriosclerosis

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter C. Myler, M. D.
(Address) Savannah Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 11 1934

MOTHER FATHER

22 23 24

APR 20 1950