

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

Do not use this space.

JAN 1 8 1935

43582

1. PLACE OF DEATH

County Linn  
Township North Salem  
City North Salem (No.         )

Registration District No. 497  
Primary Registration District No. 5672

File No.           
Registered No.           
St.          Ward         

2. FULL NAME Minnie Belle Davis

(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 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 Chas. D. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 23

OCCUPATION 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) Missouri

FATHER 13. NAME John Greenstreet

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

MOTHER 15. MAIDEN NAME Lucinda Murry

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

17. INFORMANT Wm. L. Baker (ADDRESS) Winnigan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Boston DATE Dec 24, 1934

19. UNDERTAKER (ADDRESS) Green City Mo

20. FILED Dec 22, 1934 Flores M. McConical Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 15, 1934 to Dec 20, 1934

I last saw          alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 5 P m.

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

John D. Manning Date of onset Dec 20  
Bl. H.A.  
Bl. H.A.  
Other contributory causes of importance:         

Name of operation None 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? No

If so, specify          (Signed) Wm. L. Baker, M. D.  
(Address) Winnigan Mo

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.

