

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.

FEB 21 1935

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1. PLACE OF DEATH

County Boone  
Township Centralia  
City Centralia (No. ....)

Registration District No. 72  
Primary Registration District No. 4.041

File No. ....  
Registered No. 8  
St. .... Ward

2. FULL NAME

Margaret Davis  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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 <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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th 1918</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>6</u>
		DAYS
		<u>7</u>
		10. LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centralia Mo.</u>		
FATHER	13. NAME <u>David Martin Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co., Mo.</u>	
	15. MAIDEN NAME <u>Hallie Roberts</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centralia Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Millie Russell Centralia, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Centralia Mo. DATE Jan 16th 1935</u>		
19. UNDERTAKER (ADDRESS) <u>M. J. McDonald Centralia</u>		
20. FILED <u>1/16th 1935</u> <u>J. V. Harrison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15th 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1935, to Jan 15, 1935.  
I last saw her alive on 9:30 P.M., 1935. Death is said to have occurred on the date stated above, at 10:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Ripthemia Date of onset Jan 7, 1935

Other contributory causes of importance:  
10

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.....  
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? .....  
If so, specify Frank K. Bearden, M.D.  
(Signed) Physician  
(Address) .....

