

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.

JUL 1 1935

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

Do not use this space.

18654

1. PLACE OF DEATH

County Scotland  
Township Harrison  
City Gorin (No. ....)

Registration District No. 809  
Primary Registration District No. 4487

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Mary J. Davis Ward. ....  
(Usual place of abode) Gorin, Mo.

Length of residence in city or town where death occurred 17 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. J. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-10-1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo</u>		
13. NAME <u>Benson Roberts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo</u>		
15. MAIDEN NAME <u>Mary Blair</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo</u>		
17. INFORMANT <u>R. J. Davis</u> (ADDRESS) <u>Gorin, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memphis</u> DATE <u>May 31, 1935</u>		
19. UNDERTAKER <u>Death &amp; Burial</u> (ADDRESS) <u>Gorin, Mo</u>		
20. FILED <u>6/6 - 1935</u> <u>D. J. Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20<sup>th</sup>, 1935 to May 29<sup>th</sup>, 1935  
I last saw him/her alive on May 23<sup>rd</sup>, 1935 Death is said to have occurred on the date stated above, at 4.9 m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Bladder and Uterus vaginal wall. Date of onset Sept 1934

Other contributory causes of importance: None

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? .....  
If so, specify .....  
(Signed) F. M. Salzman, M. D.  
(Address) Gorin Mo

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

Do not use this space.

**1. PLACE OF DEATH**

County Scotland Registration District No. 809  
 Township..... Primary Registration District No. 4487  
 City Kennett (No. ....) St. .... Ward)

File No. ....  
 Registered No. ....

**2. FULL NAME**

Mary J. 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>7</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>19</u>
		If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6/11 1935 Don Pierce Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

Carcinoma bladder Date of onset  
and arteris vaginalis  
well, probably  
terris uteri -

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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.....

(Signed)....., M. D.

(Address).....

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

SUPPLEMENT

JUL 12 1965

18654

RECEIVED  
JUL 12 1965

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

Do not use this space.

**1. PLACE OF DEATH**

County Scotland  
Township Harrison  
City (No. ....) .....

Registration District No. 809  
Primary Registration District No. 6054

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Martha J. 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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

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

22. I HEREBY CERTIFY, That I attended deceased from .....

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

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day? hrs. or min. ....

to have occurred on the date stated above, at..... m.

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Other contributory causes of importance: IX

13. NAME .....

Name of operation ..... Date of .....

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

What best confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME .....

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....

17. INFORMANT (ADDRESS) .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Manner of injury .....

Nature of injury .....

19. UNDERTAKER (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

20. FILED June 20<sup>th</sup> 1935 Don Pierce Registrar.

**TEMPORARILY**

*Supplement corrected per names changed. Miss given name should be Martha*

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