

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 11 1935

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

Do not use this space.

35214

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital.)

File No.

Registered No. 1184

St. Ward

2. FULL NAME Nellie Marie Davis

(a) Residence, No. 303 North 6th.

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14, 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

29

1

29

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

House work

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) Flag Springs Missouri

13. NAME Edward Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County Illinois

15. MAIDEN NAME Obedience A. Lester

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

17. INFORMANT Edward Davis (ADDRESS) Cameron, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Nov. 15, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 302 Union, St. Joseph, Missouri

20. FILED 11-14-35 John Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935, to Nov. 13, 1935

I last saw her alive on Nov. 13, 1935 Death is said to have occurred on the date stated above, at 6:45 P. M.

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

Peritonitis caused from abortion, septic self induced

Date of onset

Other contributory causes of importance:

140

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

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) Victor T. Stacey, M. D.

(Address) Winpatul B. H. J.

