DEC 12 1935

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

1. Do not use this space.

37945

File No.

Registered No. 9948

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2310, Farrar St. Ward)

2. FULL NAME Mary Ann Davis

(a) Residence, No. 2310 Farrar St., 20 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: 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: George C. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18 1848

7. AGE: Years 87 | Months 9 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: at Home

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): New Hope Mo

FATHER

13. NAME: James Eddins

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

MOTHER

15. MAIDEN NAME: Nancy Unknown

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

17. INFORMANT: Edgar Davis
(ADDRESS) 2310 Farrar St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Ararat Mo DATE 11-26 1935

19. UNDERTAKER: Edith C. Ambrust
(ADDRESS) 4234 Manchester Ave

20. FILED NOV 26 1935 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1935, to Nov. 25, 1935. I last saw he alive on Nov. 25, 1935. Death is said to have occurred on the date stated above, at 8 45 P.M.

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

Accidental injury to left resulting with some slight and gen. complete fatalities

Date of onset 1 2 2

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Nov. 22, 1935
Where did injury occur? fall in bath room 2310 Farrar
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home
Manner of injury: Fell on left upper part of hip
Nature of injury: in bathroom

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl C. Ottershach, M. D.
(Address) 1509 B Vernon Ave

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.

1509 Bremen Av