

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.

Parson
906

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield No. 124471 Jefferson St. Ward)

File No.
Registered No. 6
St. Ward)

2. FULL NAME Lee May Davis

(a) Residence, No. 124471 Jefferson St., Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Paul R. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 16

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. 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) Edinboro Mo

MOTHER FATHER 13. NAME D. D. Glenn

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

MOTHER 15. MAIDEN NAME Rachel Langdon

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

17. INFORMANT (ADDRESS) Paul R. Davis Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park No. 1-5- 1936

19. UNDERTAKER (ADDRESS) Alvin Thompson Springfield Mo

20. FILED 1-4 1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1936

22. I HEREBY CERTIFY That I attended deceased from DEC 11 1935, to Jan 3 1936

I last saw her alive on Jan 3 1936. Death is said to have occurred on the date stated above, at 11 p. m.

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

Cerebrosis of liver

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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) G. M. Parson, M. D.
(Address) Springfield Mo.

J. W. Oakes
5618

JUL 29 1946