

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.

FEB 20 1936

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

Do not use this space.

2226

1. PLACE OF DEATH

County Monroe
Township Monroe City
City Monroe City (No. _____)

Registration District No. 581
Primary Registration District No. 4343

File No. _____
Registered No. 3 St. _____ Ward _____

2. FULL NAME

Temperance Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>W. J. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 23, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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.	<u>none</u>
	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)
Marion County, Mo

13. NAME Cooper Houston

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

15. MAIDEN NAME Mary Jane Ragan

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

17. INFORMANT Mo Mary Daughters
(ADDRESS) Lawrence City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer Cem DATE Jan 12, 1936

19. UNDERTAKER B. M. Allen
(ADDRESS) Philadelphia, Mo

20. FILED 1/10 1936 W D Pipkin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 5, 1936 to Jan 10, 1936

I last saw her alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Myocarditis Date of onset 1922

[Handwritten signature]

Other contributory causes of importance:
Myocardial Degeneration 1896
Hypertension, testis, Belton 1930
Arterial Sclerosis 1932

Name of operation Physician 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? ✓ 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) W D Pipkin M. D.
(Address) Lawrence City, Mo

