

FEB 13 1936

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

Do not use this space.

2517 X

1. PLACE OF DEATH

County PlatteRegistration District No. 678Township GreenPrimary Registration District No. 5917

City _____ (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mary E. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Sterling R. Davis
(OR) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12th, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.46013

OCCUPATION

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

House Wife

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) DeKalb, Buchanan Co.
(STATE OR COUNTRY) Missouri

13. NAME

Bryan F. Ozden

14. BIRTHPLACE (CITY OR TOWN)

DeKalb, Buchanan Co.

(STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Mary Barnes

16. BIRTHPLACE (CITY OR TOWN)

DeKalb, Buchanan Co.

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Sterling R. Davis
Camden, Point, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Camp Ground Cem. DATE Jan. 28th, 1936

19. UNDERTAKER

(ADDRESS)

Lucian Davis
Dearborn, Platte Co. Missouri

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 20 - 1936 to Jan. 25 - 1936I last saw her alive on Jan. 20, 1936 Death is said to have occurred on the date stated above, at 8:30 AM

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

Date of onset

Respirical pneumonia etc

Other contributory causes of importance:

Myocarditis

Name of operation _____ 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)

(Address)

M. D.

100

100

100

100

100

100

100

100

100

100

100

100

100

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

Do not use this space.

1. PLACE OF DEATH

County Platte

Registration District No. 691

File No.

Township Green

Primary Registration District No. 5919

Registered No.

City

(No.)

St. Ward

2. FULL NAME

Mary E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 .1936

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)

7. AGE

46

MONTHS

6

DAYS

13

If LESS than 1 day, hrs. or min.

19....., to....., 19.....

I last saw him 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:

OCCUPATION

Date of onset

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 6-11 1936 E. R. Bull Registrar.

Other contributory causes of importance:
9341

Name of operation 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) E. R. Bull , M. D.

(Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

2517