

MAY 18 1936

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

Do not use this space.

14084

1. PLACE OF DEATH

County Buchanan Registration District No. 20
Township Aguey Primary Registration District No. 5-117
City (No. St. Ward)

File No. _____
Registered No. _____

2. FULL NAME

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 6

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) mo.

MOTHER 13. NAME Benjamin Moore

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

15. MAIDEN NAME Lucinda Gibson

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

17. INFORMANT Henry Davis
(ADDRESS) Aguey mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aguey Cem DATE April 8 1936

19. UNDERTAKER H. A. Sullivan
(ADDRESS) Aguey mo

20. FILED April 7, 1936 Mrs. Lucy Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

I HEREBY CERTIFY, That I attended deceased from March 30 1936 to April 6 1936
I last saw her alive on April 6 1936. Death is said to have occurred on the date stated above, at 6:12 am.
The principal cause of death and related causes of importance were as follows:

Bronchial Catarrh
Myocarditis
Other contributory causes of importance:
Hypertension
Arterio-sclerosis

Date of onset 2-1-35
unknown
unknown

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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify where the 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) Maxwell Day M. D.
(Address) 710 Giles St. Joseph

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.

