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.

JAN 7 1939

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

791

1003

Do not use this space.

17907

File No.

Registered No. 4700

1. PLACE OF DEATH

County ..... Registration District No. ..... Primary Registration District No. .....

Township .....

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Gladys Marie Davis

(a) Residence, No. 4711 E 14th St., N.R. Ward. Carthage Mo
(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 (OR) WIFE OF Virgil Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1906

7. AGE: ~~30~~ 29 YEARS; ~~11~~ MONTHS; 4 DAYS; If LESS than 1 day, ... hrs. or ..... min.

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.

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) Missouri

FATHER

13. NAME James Russell

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

MOTHER

15. MAIDEN NAME Cynthia Davis

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

17. INFORMANT Virgil Davis
(ADDRESS) 4711 E 12th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage Mo DATE 4-29, 1936

19. UNDERTAKER Rowland & Mortuary Service
(ADDRESS) 4333 Washington

20. FILED APR 29 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-27-, 1936, to 4-28-, 1936

I last saw her alive on 4-28-, 1936. Death is said to have occurred on the date stated above, at 9:40 P m.

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

	Date of onset
arteriovenous aneurysm left neck left internal carotid & cavernous sinus	Nov 1935

96

Other contributory causes of importance:

abdominal Hemorrhage resulting from congenital aneurysm probably & rupture

Name of operation ligation of left int carotid Date of April 24

What test confirmed diagnosis? Was there an autopsy? yes

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) F. R. Bradley, M. D.

(Address) Barnes Hospital