

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

Do not use this space.

Dr. J. J. J. J. J.
 26230

SEP 9 1936

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 2001
 City Springfield Mo. 1070 E. Harrison St Registered No. 580 Ward

2. FULL NAME

(a) Residence, No. 1070 E. Harrison Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Linticum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1847</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles Co, Mo</u>		
FATHER	13. NAME <u>Adison Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Frances Guthrey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Freda Duvrel Springfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miller Mo</u> DATE <u>July 8 - 36</u>		
19. UNDERTAKER (ADDRESS) <u>Springfield Mo</u>		
20. FILED <u>7-7-36</u> , 19 <u>36</u> at <u>Chas George</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 - 1936

22. I HEREBY CERTIFY That I attended deceased from July 30, 1936 to July 31, 1936
 Last saw live on July 30, 1936 Death is said to have occurred on the date stated above, at 50 m.
 The principal cause of death and related causes of importance were as follows:
Acute Cholecystitis Date of onset 4 days ago

Other contributory causes of importance:
Senility

Name of operation None Date of _____
 What test confirmed diagnosis Cholec 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) J. J. J. J., M. D.
 (Address) Springfield Mo

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.

