

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.

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

Do not use this space.

NOV 27 1936

40954

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township *Springfield*

Primary Registration District No. *2001*

City *Springfield* (No. *1906*)

Traverse

File No.

Registered No. *0934*

St.

Ward

2. FULL NAME

(a) Residence, No. *Fair Grove No. 1*

(Usual place of abode)

St. *Mo. R#1*

Ward.

Fair Grove No. 1

(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

male

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

Nellie H. Davis

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

May 3-1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

✓ 40

6

8

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

On farm

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.

13. NAME

Thomas D. Davis

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

Mo.

15. MAIDEN NAME

Matilda Johnson

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

Mo.

17. INFORMANT (ADDRESS)

Nellie H. Davis Fair Grove No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Olive Cemetery DATE Nov 13th 1936

19. UNDERTAKER (ADDRESS)

W. Klingner & Co. Springfield Mo

20. FILED

11-12 1936 Chas. A. George Mo Registrar.

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

Nov 11 1936

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 1936, to *Nov 11*, 1936

I last saw him alive on *Nov 11*, 1936. Death is said to have occurred on the date stated above, at *1:30 p.m.*

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

Cancer of Cervical Glands

Other contributory causes of importance

Name of operation *none* 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? *no* Date of injury

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? *N. O.*

If so, specify

(Signed)

W. F. Kern M. D. (Address) 610 Woodruff Bldg Springfield Mo

