

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

Do not use this space.

42243

DEC 30 1936

1. PLACE OF DEATH

County Hancock

Registration District No. 733

File No.

Township Hunterville

Primary Registration District No. 4438

Registered No.

City Hunterville St. Ward)

2. FULL NAME Dorothy May 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Nov 11, 1936

I last saw her alive on Nov 11, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1929

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
7 9 10

Lobar Pneumonia Date of onset Nov 9

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.....

Other contributory causes of importance: 100
Rheumatism & Toxicities 97

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

Name of operation Date of

13. NAME Jim Davis

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

15. MAIDEN NAME Nellie Guinney

Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

17. INFORMANT Mrs. Nellie Smith (ADDRESS) Hunterville Mo

24. Was disease or injury in any way related to occupation of deceased? No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunterville DATE Nov. 12, 1936

If so, specify (Signed) Dr. J. H. Johnston M.D.

19. UNDERTAKER Tom B. Patton (ADDRESS) Hunterville Mo

(Address) Hunterville, Mo.

20. FILED Dec-10- 19.36 Miss D.A. Barnhart Registrar.

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.

