JAN 26 1937

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

Do not use this space.

46009

File No.

Registered No. 223

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 333

Township Ferguson Town Primary Registration District No. 4468

City FERGUSON (No. 133, S. BARAT AVE. St. Ward)

2. FULL NAME Margaret L. Davis

(a) Residence, No. 133 South Barat Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	W.	WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 9 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	7	28	

OCCUPATION

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

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) ST. LOUIS Mo.

FATHER

13. NAME — MULLINS

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT DR. HUGHES
(ADDRESS) FERGUSON Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK HILL CEMETERY DATE DEC. 8 1936

19. UNDERTAKER JAY B. SMITH FUNERAL HOME
(ADDRESS) 7456 MANCHESTER. AVE.

20. FILED 12-8 1936 W. A. Zeitler Registrar.
Ow E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1936, to 12/6 1936

I last saw her alive on 12/6 1936. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Broncho-pneumonia	12/2/36
Other contributory causes of importance: Senility - Myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Clu 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?

If so, specify

(Signed) C. O. Hughes, M. D.

(Address) Ferguson, Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 2
100M-2-28-35