

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. 9227
Township Washington Primary Registration District No. 6162 Registered No. 49
City Healdsburg (No. _____) St. _____ Ward _____

2. FULL NAME

Geitie Davis
(a) Residence, No. Heald Springs St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highlandville Missouri

13. NAME Charles Keiser

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

15. MAIDEN NAME Sarah Logan

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

17. INFORMANT day record
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Heald Springs DATE 2-10 1937

19. UNDERTAKER Kohn Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED Feb. 9 1937 M. C. Cichinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1936, to Feb 9 1937

I last saw h. a alive on Feb 9 1937. Death is said

to have occurred on the date stated above, at 5:55 A. m.

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

Influenza and
bronchopneumonia

Date of onset

1/31/37

Other contributory causes of importance

General paralysis
of the insane

Name of operation _____ Date of _____

What test confirmed diagnosis? ducal 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) J. D. Martin M. D.

(Address) Nevada

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.

