

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Dean  
City Wassasau (No. 2 C. Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 9599  
Registered No. 1212  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3412 E 70th St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1907</u>		
7. AGE	YEARS	MONTHS
<u>29</u>	<u>9</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labver</u>		
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) <u>Wellington Mo</u>		
13. NAME <u>J. M. Davis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>		
15. MAIDEN NAME <u>Ely Wendel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>		
17. INFORMANT (ADDRESS) <u>Dr. W. A. Gledhill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>3/17-37</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. E. L. Gardner</u>		
20. FILED <u>Arch 16 37 M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1937, to 3-14 1937  
I last saw him alive on 3-14 1937 Death is said to have occurred on the date stated above, at 11:25 pm  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (lobar)  
Pung abscess - right  
Metastasis - right

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
108

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) G. J. De Maria, M. D.  
(Address) Dr. W. A. Gledhill

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.

