

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.

APR 16 1937

1. PLACE OF DEATH

County Carroll  
Township Washington  
City Dawn (No. ....)

Registration District No. 138  
Primary Registration District No. 5203

File No. 11495  
Registered No. 37  
St. .... Ward)

2. FULL NAME Maude Davies

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 2 mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Ben Davies</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1884</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>11</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) <u>April 1937</u>		11. Total time (years) spent in this occupation <u>35</u>

OCCUPATION

FATHER

MOTHER

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

13. NAME George Timbrook

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

15. MAIDEN NAME Juliett Haynes

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

17. INFORMANT Ben Davies  
(ADDRESS) Dawn, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Enon DATE April 6, 1937

19. UNDERTAKER B. F. Mead  
(ADDRESS) Braymer, Mo.

20. FILED 4-4 1937 B. C. Cole M. D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to April 4, 1937.  
I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 4:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency

Date of onset General rigidity

*Handwritten signature*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) Geo. S. Howell, M. D.  
(Address) Braymer Mo.

