

JUL 26 1937

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

Do not use this space.

23148

File No.

Registered No. 148

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbus

Primary Registration District No. 3006

City Columbus (No.)

St. Ward)

2. FULL NAME

Josephine Davis

(a) Residence, No. #12 S. 6th St. 1 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to 6-11, 1937.

I last saw her alive on 6-10, 1937. Death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1863

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

Date of onset

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

Chronic nephritis

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: 131

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

13. NAME Benjamin Hess

Name of operation ✓ Date of ✓

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

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Dorith Knowl

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

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Arabella Campbell (ADDRESS) Columbus, Mo.

Manner of injury Nature of injury 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Cedar DATE 6-13 1937

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

19. UNDERTAKER Parton J. Co. (WHD) (ADDRESS) Columbus

If so, specify (Signed) A. B. Pryor, M. D.

20. FILED 6/17/ 1937 Allie Selby Registrar.

(Address) Asheville, Mo.

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.

