

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

Do not use this space.

AUG 18 1937

1. PLACE OF DEATH

County Barton Registration District No. 44 File No. 26603
Township Central Primary Registration District No. 5066 Registered No. 5
City Franklin (No. 10) St. Franklin Ward

2. FULL NAME

Emma M. Macolli Davis

(a) Residence, No. Franklin - Mo. St. Franklin Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1858
7. AGE YEARS 79 MONTHS 10 DAYS 19 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937
22. I HEREBY CERTIFY That I attended deceased from 7-22-1937 to 7-29-1937
I last saw her alive on 7-23-1937 Death is said to have occurred on the date stated above, at 4:10 m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Hypertensive heart disease
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Le Ray, Illinois
13. NAME Abraham Adgen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Mary Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

17. INFORMANT (ADDRESS) Christ J. Davis, Route #4, Pittsburg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE July 31, 1937
19. UNDERTAKER (ADDRESS) Ellsworth Fred, 114 West 7th, Pittsburg, Mo.
20. FILED 7-30-1937 G. E. Tucker, M. D., Registrar

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 1
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify James A. Atkins, M. D. (Signed) Lamar, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

Dr. Atkins

