

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

Do not use this space.

**AUG 31 1937**

**1. PLACE OF DEATH**

County Worth  
Township Worth  
City Atterdale (No. 2)

Registration District No. 983  
Primary Registration District No. 4544

File No. 28649  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mancy Elizabeth Davis**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 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>7</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>John W. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20, 1958</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willesborough Ohio</u>		
13. NAME <u>William K. Swant</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Eliza Ann Acklyn</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Lola G. Murray Atterdale, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Cemetery</u> DATE <u>7/9/37</u>		
19. UNDERTAKER (ADDRESS) <u>Arch C. Dumbley Atterdale, Mo.</u>		
20. FILED <u>8/3</u> 19 <u>37</u> <u>Fred Miller</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1937, to 7-8, 1937. I last saw h. alive on 7-8, 1937. Death is said to have occurred on the date stated above, at 100 PM. The principal cause of death and related causes of importance were as follows:  
Paralysis of stomach Date of onset 1936

Other contributory causes of importance: 40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. cal. fundus 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 h, 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 h  
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) P. Kross, M. D. (Address) Atterdale, 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.

