

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.

JAN 19 1938

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 5554

City Harris City (No. ....)

File No. 45602  
Registered No. 426 (Ward)

2. FULL NAME Bridget Davis

(a) Residence, No. 116 N. Overton St., ..... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 28 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) County Donegal, Ireland (STATE OR COUNTRY)

13. NAME Michael Boyle 15

14. BIRTHPLACE (CITY OR TOWN) Ireland 15 (STATE OR COUNTRY)

15. MAIDEN NAME Mary M. Coy

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

17. INFORMANT Dr. T. E. Lachet (ADDRESS) 10302 Norledge K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash. Cem. DATE Dec 30 1937

19. UNDERTAKER City of Mitchell (ADDRESS) Independence, Mo

20. FILED 12-31-37 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 37 to Dec 17 37

I last saw her alive on Dec 17 37 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?

Other contributory causes of importance auricular fibrillation

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?

If so, specify .....

(Signed) Fred W. Hinkley M. D.

(Address) Farmington MO

