

JAN 21 1938

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

Do not use this space.
D. J. Quinn
File No. 46272
Registered No. 130-
St. _____ Ward _____

1. PLACE OF DEATH

County *Boonville* Registration District No. *65-1*
Township *Little Prairie* Primary Registration District No. *6-8-63*
City _____ (No. _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jasna Cooper</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1-17-1908</i>		
7. AGE	YEARS <i>29</i>	MONTHS <i>11</i>
	DAYS <i>3</i>	IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Home</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Oct. 1927</i>	
	11. Total time (years) spent in this occupation. <i>Life</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
FATHER	13. NAME <i>James V. Davis</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
MOTHER	15. MAIDEN NAME <i>Sueety Whitehead</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
17. INFORMANT (ADDRESS) <i>Sueety Davis</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mo. gran ledge</i> DATE <i>12-21-37</i>		
19. UNDERTAKER (ADDRESS) <i>Carroll Parille</i>		
20. FILED <i>12/20 1937</i> <i>Eda Hyatt</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-20 1937*

22. I HEREBY CERTIFY, That I attended deceased from *11-1-1937* to *1-1-1937*
I last saw her alive on *12-1-1937* Death is said to have occurred on the date stated above, at *5 A.m.*
The principal cause of death and related causes of importance were as follows:
Mucous Colitis

Date of onset _____

Other contributory causes of importance:
1203

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) *D. J. Quinn*, M. D.
(Address) *Carroll Parille, 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.

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