

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Shelby  
Township Jefferson  
City Clarence, Mo. (No. \_\_\_\_\_)

Registration District No. 560  
Primary Registration District No. 6094

File No. 46909  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Olive May Davis

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to Dec 11, 1937

I last saw h. a. alive on Dec 10, 1937 Death is said to have occurred on the date stated above, at 2 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1869

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 5 11

Encephalitis Lethargica Date of onset Nov 25 1937

OCCUPATION 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 \_\_\_\_\_

Other contributory causes of importance: Chronic deforming Arthritis 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co., Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

MOTHER 13. NAME Lacy Morris

What test confirmed diagnosis? none Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Sarah Ann Thrasher

Where did injury occur? no (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co., Mo.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Clara Walker (ADDRESS) Clarence mo

Manner of injury no

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Dec 12 1937

Nature of injury no

19. UNDERTAKER H. Hayes (ADDRESS) Shelby mo

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

20. FILED Jan 11 1938 Roy Hamilton Registrar.

If so, specify \_\_\_\_\_

(Signed) D. L. Harlan M. D.

(Address) Clarence mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

