

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

Do not use this space.

3970

**1. PLACE OF DEATH**

94 County St. Francois Registration District No. 775  
 2 Township Bonnetere Primary Registration District No. 6020-A  
 1 City Bonnetere (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2

**2. FULL NAME**

Mary Ellen Davis 12.0  
 (a) Residence, No. Bonnetere 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**

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 L. J. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
56      6      22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Valley Mines (STATE OR COUNTRY) Missouri

13. NAME Charley Wilkerson

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

15. MAIDEN NAME Middy Vineyard

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

17. INFORMANT L. J. Davis (ADDRESS) Bonnetere Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bayles Cem Bonnetere DATE Jan 10 - 1938

19. UNDERTAKER C. Z. Bayler (ADDRESS) Desloge Missouri

20. FILED Jan. 10 1938 M. W. Hawkins Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1938, to Jan. 5 1938  
 I last saw her alive on Jan. 5, 1938. 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:

Chronic endo + myocarditis from old rheumatic fever. Date of onset ?

Other contributory causes of importance: Pyelitis 1 wh.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical 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) H. R. Robben, M. D.

(Address) Bonne Terre, 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.

RECEIVED

FEB 28 1938

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