

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

Do not use this space.

REC'D MAR 21 1938

7414

1. PLACE OF DEATH
 County Marion Registration District No. 548.
 Township Liberty Primary Registration District No. 4323
 City Palmyra (No. St. Ward)

File No.
 Registered No. 131

2. FULL NAME Edward Davis 120
Palmyra, Mo.
 (a) Residence, No. St. Ward.
 (Usual place of abode) 68 (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 Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870 Apr.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 - 0

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938 to Feb 12 1938
 I last saw him alive on Feb 12 1938 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:
Uremia
 Date of onset

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Bronchial pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.
 13. NAME No record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 15. MAIDEN NAME Adaline Bullet
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

17. INFORMANT Eldridge Davis
 (ADDRESS) Palmyra, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 2/15/38

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

19. UNDERTAKER (ADDRESS) Lewis Brown
Palmyra, Mo.
 20. FILED Feb. 15 1938 Gertrude Lee
 Registrar. 489

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Dr. J. A. H. Bell, M. D.
 (Signed) Palmyra, Mo.
 (Address) Palmyra, 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.

