

REC'D JUL 19 1938

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

21502

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
 (b) Township Cape Primary Registration District No. 3009 Registered No. 162
 (c) City Cape Girardeau Mo. (d) Street No. 912 Gibony St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Norma Lee Davis
 (a) Residence, No. 912 Giboney St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Cape Girardeau Mo.FATHER 13. NAME Albert Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownwood Mo.MOTHER 15. MAIDEN NAME Maude Gibson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo.17. INFORMANT (ADDRESS) Albert D avis
Cape Girardeau Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Brownwood, Mo. DATE 6-15-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Haman
Cape Girardeau Mo.20. FILED 6-14-38 John Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 19, 1938.
 I last saw her alive on June 14, 1938. Death is said to have occurred on the date stated above, at 9:00 m.

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

Colitis Date of onset May 23-28

Other contributory causes of importance:

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) W. A. Schaefer, M. D.
Cape Girardeau Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.