

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howard Registration District No. 377 File No. 21992
Township Boonslick Primary Registration District No. 5525 Registered No. 4
City (No. St. Ward)

2. FULL NAME

Mrs May Estelle Davis (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

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 John Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 10

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) (STATE OR COUNTRY) Howard Co. Mo.

13. NAME May Estelle

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

15. MAIDEN NAME Nancy Jane Crowley

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

17. INFORMANT John Davis (ADDRESS) Jayette Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonslick Mo. DATE 6/27/38 19

19. UNDERTAKER (ADDRESS) D. S. Plummer New Frank, Mo.

20. FILED June 29, 1938 Mrs. Elizabeth Chipley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1938

22. I HEREBY CERTIFY That I attended deceased from June 1931 to June 20 1938

Last saw him alive on June 6 1938 Death is said to have occurred on the date stated above, at 2:25 p.m.

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

Carcinoma left breast Date of onset 1931

Other contributory causes of importance:

General Metastasis 50 1937

Name of operation left mastectomy Date of 1937

What test confirmed diagnosis? Tissue 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. J. Shaw M. D.

(Address) Jayette, 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.

I 20314

