

REC'D AUG 4 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25188

Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 243
 (b) Township Jackson Primary Registration District No. 335
 (c) City Jackson (d) Street No. Atlanta mo R no 2 Registered No. _____
 (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

Delpha M. Davis 120
 (a) Residence, No. Atlanta mo R no 2 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. In home
 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) Missouri 0

FATHER 13. NAME W. A. Phoster 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 0

MOTHER 15. MAIDEN NAME Tydia A. Sann

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

17. INFORMANT (ADDRESS) Ch Davis
Atlanta mo R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Mountain DATE 7-28 38

19. FUNERAL DIRECTOR (ADDRESS) W. H. H. Co
Springfield mo

20. FILED 7-27 1938 mo 9 n Shenandoah
Local Registrar. 220

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY that I attended deceased from 5:30 July 15 1938

I last saw her alive on July 15 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 cerebral
Hypertension ✓
Date of onset _____

Other contributory causes of importance: 220

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1938

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? ✓
 If so, specify _____

(Signed) W. H. H. Co M. D.

(Address) Atlanta, mo

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THE BOARD OF REGISTRATION
OF EMBALMERS
STATE OF CALIFORNIA

STATEMENT BY LICENSED EMBALMER

I, J. B. Klingner, Licensed Embalmer No. 3358
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by Foy A. Gavin
1763 L. E. Warren S. Hoblett
 No. 4005 or by _____ Registered Apprentice No. _____
 working under my personal supervision.

Signed J. B. Klingner
 Licensed Embalmer No. 3358

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.)

THE BOARD OF REGISTRATION
OF EMBALMERS
STATE OF CALIFORNIA

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-188
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 243
 (b) Township Jackson Primary Registration District No. 3336 Registered No.
 (c) City (d) Street No. 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 Delpha M. Dairs

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 16

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

Chronic cerebral hypertension
I don't know.
She had been ill
invalid for 15 yrs.
 Other contributory causes of importance:
no cerebral hemorrhage
had been noted.

Date of onset

Name of operation §24 Date of

What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify

(Signed) D. C. Kessley, M. D.
 (Address) Edland 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

