

REC'D OCT 18 1938

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

31820
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 88
(b) Township Piney Bluff Primary Registration District No. 5130
(c) City Harviell, Mo. (d) Street No. _____ Registered No. 40
(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

Mary Violet Davis
(a) Residence, No. Harviell, Mo. Rt. 1 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 F 4. COLOR OR RACE Negro 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) March 8, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 6 27

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

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) Harviell (STATE OR COUNTRY) Missouri

13. NAME Ben Finnie

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

15. MAIDEN NAME Corene Davis

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

17. INFORMANT Elizabeth Davis (ADDRESS) Harviell, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Conley DATE October 6 1938

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service (ADDRESS) Poplar Bluff, Missouri

20. FILED 10-5-, 1938 Offie Lautenfelt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938, to Oct. 5, 1938. I last saw her alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 9:00 A M.

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

Diphtheria

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) Re. L. Turner, M. D.

(Address) Neelyville, Mo.

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.

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.