

REC'D NOV 16 1938

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

34188

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis Mo** (d) Street No. **ARNES HO** St. **9174**
(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 **Netulah Davis**

(a) Residence, No. St. **N.R. Goleconda Inn**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Victor L. Davis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25/1913**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 2 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Sept. 1938**
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Marion**
(STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **J. B. Leach**

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

MOTHER 15. MAIDEN NAME **Hannah Clayton**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Illinois**

17. INFORMANT **Victor L. Davis**
(ADDRESS) **Goleconda, Illinois**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Marion, Illinois** DATE **Oct. 23/1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.**
(ADDRESS) **4700 Washington Blvd.**

20. FILED **Oct 23 1938**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **Oct 21 1938**, to **Oct 21 1938**
I last saw her alive on **Oct 21 1938**. Death is said to have occurred on the date stated above, at **4:50 P.M.**
The principal cause of death and related causes of importance were as follows:

Malignant tumor of main bronchus
Post-op total pneumectomy
Date of onset **1-1-38**

Other contributory causes of importance:

Name of operation **total pneumectomy** Date of **10-20-38**
What test confirmed diagnosis? Was there an autopsy? **yes**

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) **Alfred Gellhorn**, M. D.
(Address) **ARNES HOSPITAL**

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

Gray W. Wilkinson

Licensed Embalmer No. 3575

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.