

REC'D NOV 21 1938

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

35585  
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin  
(b) Township Malden  
(c) City Malden

Registration District No. 289  
Primary Registration District No. 417.3

Registered No. 41

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

120 Nancy B. Davis  
(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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to October 20, 1938  
I last saw her alive on October 20, 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1871  
7. AGE YEARS 67 MONTHS 5 DAYS 8  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Arthritis 1932  
Organic Heart Disease 1934  
Date of onset  
95 1/2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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 \_\_\_\_\_

Other contributory causes of importance:  
Fractured thigh 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Mo.

FATHER 13. NAME Thompson Crawford

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

MOTHER 15. MAIDEN NAME Rachel Hopkins

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

17. INFORMANT T. S. Davis (ADDRESS) Malden Mo

18. BIRTH, CREMATION, OR REMOVAL Malden Mo. 10-23-38

19. FUNERAL DIRECTOR (NAME) W. L. Craig (ADDRESS) Malden Mo

20. FILED 10/22 1938 S. E. Mitchell Local Registrar.

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) Harmon Beall M. D.  
(Address) Malden 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.

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,

*J. H. Craig*

, or by

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

Signed

*J. H. Craig*

Licensed Embalmer No. *2850*

P. O. Address *Malden, Mo.*

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.