

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

RECD APR 18 1939

9982  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Benton Registration District No. 61  
 (b) Township Lindsay Primary Registration District No. 5097  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 11  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Ellie May Davis  
 (a) Residence, No. Edison St.  (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 Jerry E. Davis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1882  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 6 13  
 OCCUPATION 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.  
 FATHER 13. NAME A. P. Alexander Bristow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.  
 MOTHER 15. MAIDEN NAME Ellie McWhannahan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 17. INFORMANT (ADDRESS) Jerry E. Davis, Warsaw, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw Cem. DATE March 9, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) C. M. White, Warsaw, Mo.  
 20. FILED 3/9 1939 Jas. A. Logan Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 3-2-39 1939, to 3-8-39 1939. I last saw her alive on Mar. 8, 1939. Death is said to have occurred on the date stated above, at 12:15 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach  
Had left breast removed a few years ago  
 Date of onset \_\_\_\_\_  
 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 \_\_\_\_\_, 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) J. A. Logan, M. D.  
 (Address) Warsaw, 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.

MAINTAINED IN RESERVE FOR BIRMINGHAM

FORM 7-29-37

I X12004

EXHIBIT HEALTH DEPARTMENT RECORD  
MAY 1 1939

RECEIVED  
District Health Officer No. 7,  
District File Number 7-29-486  
Date Filed 4-11-39

STATEMENT BY LICENSED EMBALMER

I, Bert J. Miller, Licensed Embalmer No. 3752  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Bert J. Miller  
L. E.  
No. 3752 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Bert J. Miller  
Licensed Embalmer No. 3752

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

9982  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Benton Registration District No. 61  
 (b) Township Londreay Primary Registration District No. 5097  
 (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 Effie May 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

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. min.  
36 6 13

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. (Note time (years) spent in this occupation) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

12. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1957

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

I last saw h. \_\_\_\_\_ 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:  
Carcinoma of Stomach Date of onset \_\_\_\_\_

Other contributory causes of importance:  
had left breast removed a few years ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

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

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\_\_\_\_

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 \_\_\_\_\_, 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) H. S. Savage, M. D.  
 (Address) W. S. Person

DEATH CERTIFICATE  
5-11-54  
SUPPLEMENTARY

WRITE PLAINLY, WITH UNLOADING INK--THIS IS A PERMANENT RECORD  
 N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.

Local Registrar.

1954-3 1219