

REC'D MAY 19 1939

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

14967
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 245
(b) Township Deer Creek Primary Registration District No. 5454 Registered No. _____
(c) City _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Viola Harrison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as at home
9. Industry or business in which work was done, as at 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) Wesley
(STATE OR COUNTRY) Arkansas

FATHER 13. NAME Alex Harrison
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Margaret Tyson
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

17. INFORMANT Tice Davis
(ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE March 26, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED _____ 19 _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1939 to 3-25-39, 19 _____

That ~~the~~ deceased died on _____, 19 _____ Death is said to have occurred on the date stated above, at 8:00 a m

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

Cerebral endarteritis
Hypertension
Senility
See reverse for particulars

Date of onset

Other contributory causes of importance:
99

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 Ed. O. Peeler M. D.
(Signed) Ed. O. Peeler
(Address) Windsor, 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 importa

1 X16695

739

This case was turned over to me by Dr S.W.Woltzen who quit practise and moved out of town. I never saw her but furnished sedatives from their report on her.

My diagnosis is from hearsay only

E.C. Peeler

RECEIVED
District Health Officer No. 7,
District File Number 7-39-669
Date Filed 8-3-39

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 *E.C. Peeler*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14969
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 3-19
(b) Township Deer Creek Primary Registration District No. 5499
(c) City..... (d) Street No..... 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 Mrs Viola Harrison 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) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Jackson Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 5-
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Arkansas

FATHER 13. NAME Alex Harrison

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

MOTHER 15. MAIDEN NAME Margaret Tyson

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

17. INFORMANT (ADDRESS) Viola Davis
Calhoun, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo DATE 3-26-1939

19. FUNERAL DIRECTOR (ADDRESS) Houston Turgeon
Windsor, Mo

20. FILED 6-2-1939 Mo. A. G. Gray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-27-1939 to 3-25-1939

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8 A m.

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

Cerebral Endarteritis
Hypertension
Senility
See reverse side for Peritubular

Other contributory causes of importance:

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) Ed C. Peeler, M. D.

(Address) Clinton Mo

RUWELVA MOORE
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.

