LSC MAY 12 1939

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

Do not use this space.

16267

1. PLACE OF DEATH
County Scotland 2 Registration District No. 812 File No.
Township Johnson Primary Registration District No. 6061 Registered No. 4
City (No. , St. Ward)

2. FULL NAME 120 Della Davis
(a) Residence, No. near Azen, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
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) Jan 16. 1879
7. AGE YEARS 60 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Near) Bentonsport Iowa

FATHER
13. NAME John Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Near) Bentonsport Iowa

MOTHER
15. MAIDEN NAME Irene Hathaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind.

17. INFORMANT (ADDRESS) ✓ Frank Davis Cantril Ia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Sterling Ia DATE Apr 13 1939

19. UNDERTAKER (ADDRESS) H. A. Burnett Milton Ia

20. FILED 4/14 1939 M Baker MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to Apr. 10, 1939
(I last saw her alive on Apr 3, 1939. Death is said to have occurred on the date stated above, at 5.45 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset Mch 38 approx

46

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? X ray Sept 1/39 Was there an autopsy? no

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? No
If so, specify ✓
(Signed) D. G. Matthews, M. D.
(Address) Milton Iowa

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.

D M

100M-1-42-33