REC'D MAY 12 1939

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

16298
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 2 834
(b) Township Pike — Primary Registration District No. 4605 — Registered No. 20
(c) City Advance — (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 Varrada Elizabeth Davault
(a) Residence, No. Advance, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

143
10
10

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 W. S. Davault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1869

7. AGE: Years 69 — Months 6 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housewife
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) Lutesville, Mo.

FATHER
13. NAME D. W. Shelf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutesville, Mo.

MOTHER
15. MAIDEN NAME Susan Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT (ADDRESS) W. S. Davault, Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Cem. Lutesville DATE April 12th, 1939

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home
(ADDRESS) Lutesville, Mo. By E. Baker

20. FILED 4/14, 1939 D. S. McGee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1939, to April 11, 1939
I last saw her alive on April 31, 1939. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jacksonian Epilepsy	
85	
Other contributory causes of importance:	
Old age and bad Heart	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No.
If so, specify .....
(Signed) E. C. Masters, M. D.
(Address) Advance Mo.

75%

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.