

DEC'D JUN 13 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County MarionRegistration District No. 551Township Round GrovePrimary Registration District No. 0744City Marion (No. ....)

St. .... Ward)

## 2. FULL NAME

Maude Alice Davis

(a) Residence, No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs.

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

James William Davis

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

Nov. 18 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

7664

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

March 1939

11. Total time (years, months, and days) spent in this occupation

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

Quincy, Illinois

FATHER

13. NAME

Winters

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. Nora M. Christy  
Maywood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Durham, Mo.

DATE

April 23 1939

19. UNDERTAKER (ADDRESS)

Thos. Ball  
Ball, Mo.

20. FILED

6, 1 1939 J.M.C. lbs

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 193922. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1935 to May 22 1939I last saw her alive on May 12 1939. Death is saidto have occurred on the date stated above, at 10:15 AM

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

Carcinoma of left lung

Date of onset

Unknown

Other contributory causes of importance:

General carcinomatous  
Metastasis  
Senility

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? Yes

If so, specify

(Signed) Dr. C. B. Hughes, D.O.(Address) Philadelphia, 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.

