REC'D JUL 8 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Barton
Township:
City: Lamar (No. ..., ... St. ..... Ward)

Registration District No. 40
Primary Registration District No. 4024

File No. 21462
Registered No. 28

6
2
0

2. FULL NAME 120 Mary Jane Davis
(a) Residence, No. Harrison Hospital St., ... Ward. Santha, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 24-1862

7. AGE: YEARS 76 | MONTHS 7 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nevada Missouri 0

FATHER
13. NAME: John Tunguet 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Lizzie Hurst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Shirl Davis Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: June 14, 1939

19. UNDERTAKER (ADDRESS): KONANTZ FUNERAL HOME Lamar, Mo.

20. FILED: June 14, 1939 Mrs. Josephine Myratt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 12, 1939
I last saw her alive on June 12, 1939. Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:
Cardio-Renal disease | Date of onset
95 6

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
40 (Signed) Thos. F. Meier, M. D.
(Address) Lamar, 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.

RECEIVED

District Health Officer No. 6,

District 739-1353

Date Filed JUL 5 1939