AUG 16 1939

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

Do not use this space.

25189

File No. .....
Registered No. 15

1. PLACE OF DEATH
County Caldwell, 3
Township Davis, 1
City Braymer, (No. ....., ... St. ..... Ward)
Registration District No. 92
Primary Registration District No. 4055

2. FULL NAME 120 Ruthabell Davis,

(a) Residence, No. ..... St., 1st., Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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, [redacted] DIVORCED (write the word): Single,

5A. IF ~~MARRIED, WIDOWED OR DIVORCED~~ ~~HUSBAND OF~~ ~~(or WIFE of)~~ ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, -12th.-1925

7. AGE: Years 14 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Student,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student,
10. Date deceased last worked at this occupation (month and year) May-1939
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri,

FATHER

13. NAME John Davis,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

MOTHER

15. MAIDEN NAME Hettie Dallas,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Pearl Davis, Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery, DATE -July-7-1939, 19..

19. UNDERTAKER (ADDRESS) E. J. Michael, Braymer, Mo.

20. FILED July 6, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY That I attended deceased from July 4, 1939, to July 4, 1939
I last saw h. alive on Not at all, 19.... Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning (asphyxiation)	July 4

Other contributory causes of importance: 182

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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 7-4, 19 9
Where did injury occur? 2 1/2 Mi. N. Braymer (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Swimming hole in Shoal Creek.
Manner of injury .....
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. M. Daley (Coroner), M. D.
(Address) Hamilton, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
U.S. Health Office No. 141
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