REC'D AUG 23 1939

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

For magnus Almantha

Do not use this space.

See also 29858-39

26429

File No.

Registered No.

1. PLACE OF DEATH

County: Ozark

Township: Noble

City: Noble (No. 120, St., Ward)

Registration District No.: 649

Primary Registration District No.: 6286

2. FULL NAME: Lena Davis

(a) Residence, No. (Usual place of abode) St., Ward. (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: Fem. mul.

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: J. S. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1859.

7. AGE: Years 80 | Months 3. | Days 27. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 1938

11. Total time (years) spent in this occupation: —

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

FATHER

13. NAME: Mr. Stanly

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

MOTHER

15. MAIDEN NAME: Maggie Robinson

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

17. INFORMANT (ADDRESS): L. B. Davis, Noble Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Davis DATE: 10 aug 1939

19. UNDERTAKER (ADDRESS): Somers Funeral Dir. Farmington Mo

20. FILED: 8-9 1939 Nattie Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): aug 9. 1939.

22. I HEREBY CERTIFY, That I attended deceased from aug 2, 1939, to aug 9, 1939. I last saw her alive on aug 9, 1939. Death is said to have occurred on the date stated above, at 7:30 a. m. The principal cause of death and related causes of importance were as follows:

Pulmonary Emphysema — Date of onset

Unilateral

Other contributory causes of importance:

Dropsy

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?

If so, specify:

(Signed) F. C. Meyer, M. D.

(Address) Almantha Mo.

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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.