

REC'D AUG 23 1939

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

For magister
Alma Mather
Do not use this space.
See also 29858-39
26429

1. PLACE OF DEATH

77

County *Ozark*
Township *State*
City *Nashville*

Registration District No. *649*
Primary Registration District No. *6286*

File No.
Registered No.
St. Ward

2. FULL NAME

(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 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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *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 MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 3 21

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. *N.*

10. Date deceased last worked at this occupation (month and year) *7-9-38* 11. Total time (years) spent in this occupation.

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

13. NAME *Mr. Stanley*

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

15. MAIDEN NAME *Maggie Robinson*

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

17. INFORMANT *L. B. Davis*
(ADDRESS) *Nashville*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Davis* DATE *10 Aug 1939*

19. UNDERTAKER (ADDRESS) *Do not know*

20. FILED *8-9-39* *Nattie Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 9*, 19*39*.

22. I HEREBY CERTIFY, That I attended deceased from *Aug 2*, 19*39*, to *Aug 9*, 19*39*

I last saw her alive on *Aug 9*, 19*39*. Death is said to have occurred on the date stated above, at *7:15 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) *Alma Mather 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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the company's revenue for the quarter. It includes a comparison between actual performance and the budgeted figures. The analysis shows that while sales in the core market exceeded expectations, there was a slight dip in the emerging markets.

The third section focuses on the operational challenges faced by the organization. It highlights the need for better communication between departments and the implementation of new software tools to streamline processes. The author suggests that these changes are essential for improving efficiency and reducing costs.

Finally, the document concludes with a set of recommendations for the upcoming period. It advises the management to continue investing in research and development to stay ahead of the competition. Additionally, it stresses the importance of maintaining a strong relationship with key stakeholders and ensuring that all employees are aligned with the company's strategic goals.