

JAN 10 1940

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

Do not use this space.

44913

1. PLACE OF DEATH

County Monroe 2
Township Schell City Mo
City Schell City Mo (No. 1)

Registration District No. 877
Primary Registration District No. 4530

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nancy Ellen Davis

(a) Residence, No. Schell City Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 John F. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 12

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) Logansport Ohio

13. NAME Alexander Barclay

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

15. MAIDEN NAME Eliza Strawn

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

17. INFORMANT Emma Davis (ADDRESS) Schell City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Taberville Mo DATE Dec 11, 1939

19. UNDERTAKER Auto Lewis & Son (ADDRESS) Schell City Mo

20. FILED Dec 11, 1939 Pearle Rapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1939, to Dec 10, 1939. I last saw her alive on Dec 9, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

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

Carcinoma of Liver

Date of onset
Don't know

Other contributory causes of importance: 46

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 _____
(Signed) J. H. Gray, M. D.
(Address) Schell City 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. 7,

District File Number 7-40-68

Date Filed 6-9-40