

FILED JUL 15 1940

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

22577

Do not use this space.

## 1. PLACE OF DEATH

(a) County Polk Registration District No. 707A  
 (b) Township Wichard Primary Registration District No. 5-936 Registered No. 6  
 (c) City or ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME VIOLA DAVIS

(a) Residence, No. Polk Co. no. Rural St. Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilsmann Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 - 1886</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as 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) <u>Virginia</u>		
FATHER	13. NAME <u>William Lovett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Phoebe Inglis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Don Davis</u> (ADDRESS) <u>Bolivar</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar Cem.</u> DATE <u>March 16 - 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hatchison Funeral H.</u> (ADDRESS) <u>Bolivar Mo</u>		
20. FILED <u>May 11, 1940</u> <u>Mrs Hattie M Taylor</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10th 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 23, 1940 to Feb 10, 1940  
 (I first saw him alive on Feb 2, 1940 Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
arterio-sclerosis  
 Date of onset  
97  
 Other contributory causes of importance:  
 Name of operation skinned Date of .....  
 What test confirmed diagnosis? skinned 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? .....  
 If so, specify .....  
 (Signed) St. James M. D.  
 (Address) Bolivar Mo

RECEIVED  
District Health Officer No. 7,  
District File Number L-40-275  
Date Filed 7-1-40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.

W 11 PM