

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

22608
Do not use this space.

1. PLACE OF DEATH

(a) County RANDOLPH Registration District No. 732
 (b) Township _____ Primary Registration District No. 4437 Registered No. 732
 (c) City HIGBEE (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

(a) Residence, No. 1710 W 11 JEFFERSON DAVIS
HIGBEE MO St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SUSAN A DAVIS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2-1862
 7. AGE YEARS 78 MONTHS - DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
 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) BOONE CO. MO

13. NAME MADISON DAVIS G

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY. G

15. MAIDEN NAME SALLY M. CAULKY

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

17. INFORMANT SUSAN A DAVIS
 (ADDRESS) HIGBEE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW-HIGBEE MO DATE JUNE 26 1940

19. FUNERAL DIRECTOR (NAME) PAUL T HACKNEY
 (ADDRESS) 924 W 5ND PL MARIETTA MO

20. FILED July 10 1940 J. H. Hillman
 Local Registrar

MEDICAL CERTIFICATE OF DEATH 2:30 P.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24 1940
 22. I HEREBY CERTIFY, That I attended deceased from June 14 1940 to June 24 1940
 last saw him alive on June 24 1940. Death is said to have occurred on the date stated above, at 2 p. m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia 6-17-40
acute posterior urethritis
(non-specific) following sur-
gical shock from fall
 Date of onset 180
 Other contributory causes of importance:
Accidentally fell in house at
home on June 14 resulting in
shock.

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6-14 1940
 Where did injury occur? In house at her home, Higbee
 (Specify city or town, county, and State) MO
 Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Accidental
 Nature of injury Surgeal shock

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. H. Hillman
 (Address) Higbee, Mo.
660

No. B-1 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. 10

District File Number 7-40-1428

Date Filed JUL 13 1940

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed Paul T. Hickney.....

Licensed Embalmer No. 13598.....

P. O. Address Proskely - Mo......

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.