

21 1940

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

Do not use this space.

26029

1. PLACE OF DEATH

County

Platte

Registration District No.

696

Township

Platte May

Primary Registration District No.

5928

City

(No. _____)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

1700 Vivian Bethune Davis
Platte City, Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

20 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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John T. Davis

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

Feb 17, 1917

7. AGE

YEARS
23MONTHS
4DAYS
13

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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.

at home

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)

Missouri

FATHER

13. NAME

Thomas Jones

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

Missouri

MOTHER

15. MAIDEN NAME

Fannie Johnson

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

Missouri

17. INFORMANT (ADDRESS)

John T. Davis
Platte City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Second Creek DATE July 2, 1940

19. UNDERTAKER (ADDRESS)

Roland Ashcraft
627

20. FILED

July 6, 1940

By William J. Ham D. puby Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 30, 1940

22. I HEREBY CERTIFY that I attended deceased from

I last saw her alive on June 29, 1940. Death is said to have occurred on the date stated above, at 5 a. m.

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

Hemorrhage
Myelogenous Leukemia 1935

Date of onset

Other contributory causes of importance:

72 W

Name of operation None Date of _____

What test confirmed diagnosis? Was there an autopsy? Yes

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 (Specify city or town, county, and State) Mendenwoods, Mo. M. D.

Markville, Mo.

RECEIVED

District Health Officer No. 11,

District File Number 840-1261

Date Filed AUG 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26029

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 696

Primary Registration District No. 5928

Registrar's No. _____

1. PLACE OF DEATH

(a) County Platte

(b) City or town May 1st
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Virvian Bethese Davis

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month 6 day 30
year 1940 hour _____ minute _____ M.

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced w

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

23 4 13 _____ hr. _____ min.

Due to _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business home

Major findings: _____
Of operations _____

12. Name _____

Of autopsy _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-14-1940 (b) Mrs Francis E. Murray
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY, WITH UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL COPY

