

FILED NOV 25 1940

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

36244

Do not use this space.

1. PLACE OF DEATH
- (a) County St. Clair Registration District No. 20 763
- (b) Township Butler Primary Registration District No. 6005 Registered No. 17
- (c) City Louisy City, Mo. (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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mary Percilla Jane Davis
- (a) Residence, No. Louisy City, St. Clair Co. Missouri St. (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 - Moody Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
- 83 11 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mt. Vernon (STATE OR COUNTRY) Lawrence Co. Missouri
13. NAME James H. Nance
14. BIRTHPLACE (CITY OR TOWN) Near Rockford (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Cynthia Ann Striggs
16. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Tenn
17. INFORMANT (ADDRESS) William R. Davis
Louisy City, Mo. R. 1.
18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cemetery DATE 10/4/1940
19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Louisy City, Missouri
20. FILED 10/3 1940 Sophia Stratton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Oct 3, 1940, last saw her alive on Oct 2, 1940 Death is said to have occurred on the date stated above, at 5:15 A.M.
- The principal cause of death and related causes of importance were as follows:
- Chronic Myocarditis
- Date of onset
- Other contributory causes of importance:
- 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) C. S. Stratton M. D.
- (Address) Louisy City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE CLEARLY, 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.

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RECEIVED

District Health Officer No. 7;

License Number 11-40-1031

Date 11-13-40

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.....

H. C. Austin

Licensed Embalmer No. 3609

P. O. Address. Lowry City 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.