

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

Do not use this space.

1928

33296

1. PLACE OF DEATH

County Lewis
Township
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 4th

File No.
Registered No. 30
St. Ward

2. FULL NAME Mr. Alice Davis

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 16 - 1854</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>13</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1927, to Nov 29, 1927, that I last saw her alive on Nov 29, 1927, and that death occurred, on the date stated above, at 6 29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82A (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 14th (duration) yrs. mos. da.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS? Alumina
(Signed) J. H. Walton, M. D.
11-30, 1927 (Address) Windsor Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

10. NAME OF FATHER Edwin S. Garton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Algel Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT (Address) M. G. Davis Windsor Mo.

15. FILED 30 19 27 A. J. Jennings REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL Nov. 30 1927

20. UNDERTAKER W. E. Weston Windsor Mo. ADDRESS

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.

