

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

Do not use this space.

39375

1. PLACE OF DEATH
JAN 16 1936

County Henry Registration District No. 349
Township Tebo Primary Registration District No. 5787
City (No. St. Ward)

File No. _____
Registered No. 30

2. FULL NAME Mrs. Lulu Dorman Davis

(a) Residence, No. _____ St., _____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, 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) Clinton Missouri

13. NAME Matthew Dorman

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Dorman Davis Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun, Mo. DATE Dec. 6th 1936

19. UNDERTAKER (ADDRESS) Justin-Turner Windsor, Missouri

20. FILED 12-5-36 Mrs. A. R. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935, to Dec 2, 1936
I last saw her alive on Dec 2, 1936 Death is said to have occurred on the date stated above, at 9:10 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma body of uterus

Date of onset

Other contributory cause of importance:

WB

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No.
If so, specify _____

(Signed) Ray B. Jordan, M. D.
(Address) Windsor Mo.

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.

