

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

Do not use this space.

17903

1. PLACE OF DEATH

County Hannay
Township Bethlehem
City (No.) (St.) (Ward)

Registration District No. 347
Primary Registration District No. 5489A

File No. Perkins
Registered No. 84
St. Ward)

2. FULL NAME

Ediya J. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cyrus Davis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 16 1842</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>0</u>
		IF LESS than 1 day, hrs. or min. <u>1 1/2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>W. F. Davis</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilderburg Ky</u>		
10. NAME OF FATHER <u>Jahnie James</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilderburg Ky</u>		
12. MAIDEN NAME OF MOTHER <u>Pauline R. ...</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilderburg Ky</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1929
17. I HEREBY CERTIFY, That I attended deceased from May 27 1929, to May 27 1929, that I last saw her alive on May 27 1929 and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
cause unknown
my first visit
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Don't know (no previous Spumation)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
NO
DID AN OPERATION PRECEED DEATH
NO
WAS THERE AN AUTOPSY
NO
WHAT TEST CONFIRMED DIAGNOSIS
Urinal
(Signed) Ed. C. Peelo, M. D.
19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT W. F. Davis
(Address) Clinton RR 7
FILED May 28 1929 Dr. E. C. Peelo
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Bethlehem Emtery
DATE OF BURIAL 5-29 1929
20. UNDERTAKER
Sims & Wilkinson Co.
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.

JUN 25 1929
2222

