

WRITE PLAINLY, 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.

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

Do not use this space.

795

1. PLACE OF DEATH

County DeKalb Registration District No. 289  
Township Waters Hill Primary Registration District No. 5407  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3

2. FULL NAME Gracy Ellen 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wesley Quinn Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1st 1897</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-2-31</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piedmont Mo</u>		
MOTHER	13. NAME <u>Pierce Wheatley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Senneuse</u>	
	15. MAIDEN NAME <u>Mrs Mary Snow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piedmont MO</u>	
17. INFORMANT <u>W. Quinn Davis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo</u> DATE <u>2-3-</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>2/2</u> 19 <u>31</u> <u>S. E. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1931

22. I HEREBY CERTIFY That I attended deceased from Sept. 1, 1928 to Jan 2, 1931  
I last saw her alive on Jan 1, 1931. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset Sept 1, 1928

Other contributory causes of importance:  
None

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1931  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Graydon Calkton M.D.  
(Address) Malden

