

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

Do not use this space.

42803

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10003
 City (No. 1411 Cass) St. Ward)

File No.
 Registered No. 12726

2. FULL NAME

Emauline Davis
 (a) Residence, No. 1411 Cass St. St. 25 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>Col</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>1881-1-15</u> | | |
| 7. AGE YEARS <u>50</u> | MONTHS <u>11</u> | DAYS <u>8</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Peoples Tobacco</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>May 20 1931</u> | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Empire Miss</u> | | |
| 13. NAME <u>Walter Duffin</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> | | |
| 15. MAIDEN NAME <u>Caline Woods</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> | | |
| 17. INFORMANT <u>Ernest Elder</u> (ADDRESS) <u>1411 Cass St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Pickens</u> DATE <u>Dec 28</u> 19 <u>31</u> | | |
| 19. UNDERTAKER <u>A. D. Richardson</u> (ADDRESS) <u>3015 Bell Ave</u> | | |
| 20. FILED <u>DEC 26 1931</u> <u>Riley Stover</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1931

22. I HEREBY CERTIFY that I attended deceased from Oct 23 1931, to Dec 23 1931.
 I last saw her alive on Dec 28 1931. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
48
Cancer Uterus
 Other contributory causes of importance:
48

Name of operation Date of operation
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? Yes
 If so, specify
 (Signed) F. W. Jeffers M. D.
 (Address) 1001 W. Jefferson

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.

