

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.

SEP 17 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Jasper Registration District No. 411  
Township ~~Clinton~~ Primary Registration District No. 2002  
City Joplin (No. 612 Grand) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 29777  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Henrietta Fern Davis  
(a) Residence, No. 612 Grand Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 15 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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1933

7. AGE YEARS 0 MONTHS 8 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Joplin Missouri

13. NAME Cloris Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Mo.

15. MAIDEN NAME Nancy Lankford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Mo.

17. INFORMANT (ADDRESS) Cloris Davis Joplin gro.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE Aug 29 1934

19. UNDERTAKER (ADDRESS) Lanpheg Mortuary Joplin Mo.

20. FILED 8-28-34 Ed D. James Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1934

I HEREBY CERTIFY, That I attended deceased from Aug 29 to Aug 28, 1934

I last saw her alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 12:00.

The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset 8-27

Other contributory causes of importance: 119B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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? \_\_\_\_\_

If so, specify H. L. Keller (Signed) \_\_\_\_\_, M. D.

(Address) Joplin Mo.

