

APR 24 1936

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

Do not use this space.

12038

## 1. PLACE OF DEATH

County RandolphRegistration District No. 733Township HuntsvillePrimary Registration District No. 4438City Huntsville (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nester 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1852

## 7. AGE

YEARS 83MONTHS 5DAYS 5

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

## 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) Wales

MOTHER FATHER

13. NAME William Fulton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales15. MAIDEN NAME Hannah Thomas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales17. INFORMANT Mrs Ester David Burtall(ADDRESS) Brunswick mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Huntsville DATE Mar 26, 193619. UNDERTAKER Tom B. Patton(ADDRESS) Huntsville mo20. FILED Apr 10 - 1936W. A. B. Burtall  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 193622. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 22, 1936I last saw her alive on March 21, 1936 Death is saidto have occurred on the date stated above, at 7 a.m.

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

Arteriosclerosis  
Emphysema of Lungs  
Flu infectionDate of onset March 15

Other contributory causes of importance:

Senility

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. W. H. Burtall, M.D.(Address) Huntsville, 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.

