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.

NOV 17 1936

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

Do not use this space.

36594

1. PLACE OF DEATH

County Barry — Registration District No. 29 — File No.

Township Jenkins — Primary Registration District No. 5048 — Registered No. 60

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lula Davenport

(a) Residence, No. Route 2, Jenkins St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F. M.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF U. C. Davenport.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Sumner Ill

FATHER

13. NAME E. R. Applegate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

MOTHER

15. MAIDEN NAME Laura Brumfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill Ky

17. INFORMANT (ADDRESS) U. C. Davenport Jenkins, Mo. Route 2.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spring River DATE 10-20 1936

19. UNDERTAKER (ADDRESS) Koon Funeral Home Cassville, Mo

20. FILED 10-9 1936 Geo W Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Oct 17, 1936

I last saw her alive on Oct. 17, 1936 Death is said to have occurred on the date stated above, at 1:30 A m.

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

	Date of onset
Apoplexy	9/20/36

Other contributory causes of importance:

Essential Hypertension

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) E. E. McDaniel, Jr. M. D.

(Address) Cassville, Mo.