

JAN 20 1939

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

42196
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Salt River Primary Registration District No. 3002 Registered No. 168
 (c) City Mexico, Mo. (d) Street No. Audrain County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Davenport

(a) Residence, No. 408 W. Promenade St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Davenport
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1892
 7. AGE YEARS 46 MONTHS 3 DAYS 16 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as 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) Audrain Co., Mo.

FATHER 13. NAME S. A. Holley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Martha Holley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Dan Davenport
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 12/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.
Mexico, Mo.

20. FILED Dec 27 1938 Blanche Neely
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/38, 19...
 22. I HEREBY CERTIFY, That I attended deceased from 11/24/38, 19... to 12/25/38, 19...
 I last saw her alive on 12/25/38, 19... Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

General toxemia - resulting from attempted burns and deep lacerations
Secondary infection
Hypertensive cardiac renal disease
 Date of onset 12/10/38

Other contributory causes of importance:
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 11/24, 1938
 Where did injury occur? Home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflicted burns caused by boiling water
 Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) Harry F. Obernier, M. D.
 (Address) Mexico, 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.

RECEIVED

District Health Officer No. 10

District File Number 1A-38-831

Date Filed 1-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

CERTIFICATE NOW
EMBALMED