

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

REC'D JAN 24 1939

2

43579
 Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 952
 (b) Township Franklin Primary Registration District No. 3667 Registered No.
 (c) City FRANKLIN (d) Street No. 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 7th 1

7. AGE YEARS 78 MONTHS DAYS 1 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) LACLEDE Co. Mo.

FATHER 13. NAME ARON DURBEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. 1

MOTHER 15. MAIDEN NAME CAROLINE MASSEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. 1

17. INFORMANT (ADDRESS) C.C. Davis
Compton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bride County DATE Dec 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Palmer Dr. W.
St. Louis Mo.

20. FILED Jan. 4 1939 Mrs. Vida Lambeth
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1938 to Dec 27 1938
 I last saw her alive on 12.26 1938 Death is said to have occurred on the date stated above, at 7 A.M.
 The principal cause of death and related causes of importance were as follows:

Influenza
ASB
 Date of onset

Other contributory causes of importance:
Cardiac Insufficiency

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 1

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) J.W. Lindsay, M. D.
 (Address) Carway

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.

50M-7-20-37 I 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Robbner, Licensed Embalmer No. 1161
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not any Body
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Robbner
Licensed Embalmer No. 1161

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.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43571 Do not use this space.

1. PLACE OF DEATH (a) County Laeude, (b) Township Franklin, (c) City, (d) Street No., (e) Length of residence in city or town where death occurred, (f) How long in U. S., if of foreign birth? (g) Registered No.

2. PRINT FULL NAME Mary M. Davis (a) Residence, No., (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1869 7. AGE YEARS MONTHS DAYS 78 4 200 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1935 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Date of onset Other contributory causes of importance: 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 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) J. W. Lunday, M. D. (Address) Conway, Mo.

SUPPLEMENTARY

20. FILED March 29, 1939 Mrs. Vida Lambeth Local Registrar.

