

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

Do not use this space.

DEC'D FEB 23 1939

2721

1. PLACE OF DEATH

County Jasper Registration District No. 413 File No. _____
 Township Meruval Primary Registration District No. 5559. C Registered No. 6
 City St. Joseph (No. WEBB CITY, MO) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 150 Dorothy E. Moore Ward. Keokukville
 (Usual place of abode) 705 N. - Pence St., _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 7 5

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

FATHER 13. NAME Raceon Davis

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

MOTHER 15. MAIDEN NAME Dorothy Saunders

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokukville Mo. DATE Feb 2, 1939

19. UNDERTAKER (ADDRESS) Metz City Used Co

20. FILED JAN 31 1939 R. J. Platt MD Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1938 to Jan 30 1939

I last saw him alive on Jan 30 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Pulmonary Tuberculosis
Tuberculosis Cutis Colli
 Other contributory causes of importance: 27

Name of operation None Date of _____
 What test confirmed diagnosis? Roentgen Was there an autopsy? Na

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? Na
 If so, specify _____

(Signed) Jean E. O'Connell, M. D.
Metz City (Address) _____

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. 6;

District File Number 6-39-410

Date Filed FEB 17 1939