

MAY 22 1939

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

15658
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 5808
(c) City _____ (d) Street No. _____ Registered No. 49
(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

151 Nancy Luvena Davenport
(a) Residence, No. Neosho Mo. R#1 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 5

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

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) Newton County 0
(STATE OR COUNTRY) Missouri

13. NAME Andrew Buchanan 1

14. BIRTHPLACE (CITY OR TOWN) unknown 0
(STATE OR COUNTRY) Penn.

15. MAIDEN NAME Nancy L. Buchanan

16. BIRTHPLACE (CITY OR TOWN) Newton County
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. G. S. Smith
Elkader Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thrasher Cemetery DATE 4-21, 1939

19. FUNERAL DIRECTOR (NAME) Early Thompson
(ADDRESS) Neosho Mo.

20. FILED 4-25, 1939 Ernie R. Sale, M.D. (Address) Neosho Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on April 18, 1939. Death is said

to have occurred on the date stated above, at 7:55 P.:m.

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

Cause of death unknown, had been an invalid from arthritis for six years. Had not regularly consulted a Physician for past 18 months

Other contributory causes of importance:

Natural causes. 57W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) Early Thompson Neosho Mo.

(Address) Neosho Mo.

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

Gail R. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. *3259*

P. O. Address

Neosho Mo.

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.