

JUN 19 1939

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

20080
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 896
(b) Township # Harrison Primary Registration District No. 6200 Registered No. 19
(c) City or (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edith Davis

(a) Residence, No. Route 3, Marshfield, Mo. 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jim Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7 ? ?</u>		
7. AGE YEARS <u>approx 89</u>	MONTHS <u>-</u>	DAYS <u>-</u>
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 <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
FATHER	13. NAME <u>Franklin</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	MOTHER	
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT (ADDRESS) <u>Versa Young Marshfield, Mo 893</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>June 3, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Family</u>		
20. FILED <u>June 9, 1939</u> <u>Elizabeth Anglin</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938, to June 1, 1939
I last saw her alive on Aug. 27, 1938. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Cholelithiasis & Cholecystitis with Bile Duct Obstruction
Other contributory causes of importance: Starvation & Dehydration from Inability to Retain Food or Fluids.

Name of operation No Date of _____
What test confirmed diagnosis? Clinical 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) C. P. Macdonnell, M. D.
(Address) Marshfield, Mo.

Date of onset Aug. 1938
March 1939
Terminal

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.

WHILE TRAVELING WITH UNPAID TICKETS THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1312

Date Filed JUN 13 1939

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.