

REC'D SEP 19 1939

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

28457
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 1039
 (b) Township Morrow Primary Registration District No. 5010
 (c) City or (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Unnamed infant 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs or _____ min
2

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) Missouri

13. NAME Charley Davis

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

15. MAIDEN NAME Pearl Hedrick

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

17. INFORMANT Charley Davis
 (ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE Aug. 28 1939

19. FUNERAL DIRECTOR (NAME) Glenn E. Kent & Son
 (ADDRESS) Green City, Missouri

20. FILED Aug 24, 1938 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939, to Aug 27 1939
 I last saw her alive on Aug 27 1939. Death is said to have occurred on the date stated above, at 12:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Perinatal Blue Baby - Date of onset 6
 Other contributory causes of importance: 154

Name of operation _____ Date of _____
 What test confirmed diagnosis? Medical 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) J. E. Oliver M. D.
Green City, Mo.

WRITE CAREFULLY WITH NON-FADING 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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1670

Date Filed SEP-12-1939

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.