

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.

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

6301

Do not use this space.

1. PLACE OF DEATH *Christman*  
(a) County *S. Salaway* Registration District No. *184*  
(b) Township *S. Salaway* Primary Registration District No. *6270* Registered No. *8*  
(c) City \_\_\_\_\_ (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 *1* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *LAURA DAVIS*  
(a) Residence, No. *near Reeds Spring 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 *F* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF *M.F. DAVIS*  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mch 3 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*70* *4*

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
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) *Jl. Saline Co*

FATHER  
13. NAME *Thos H Welsh*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do. Saline Co*

MOTHER  
15. MAIDEN NAME *Angeline Whitlock*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mt. Vernon*

17. INFORMANT *Della Davis*  
(ADDRESS) *Reeds Spring Mo*

18. BURIAL, CREMATION, OR REMOVAL  
*Mountain Cemetery* DATE *Mch 11 1942*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Reeds Spring Funeral Home*  
*Reeds Spring Mo*

20. FILED *Mar 10 1942* *Loretta Leonard*  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mch 7 1942*

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 *5 P.* m.

The principal cause of death and related causes of importance were as follows:  
*She had been having indigestion for several days & probably died from paralysis of phrenic due to distention of stomach due to gas.*

Other contributory causes of importance: *118.3*

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
(so, specify *L.S. Skumate*)  
(Signed) \_\_\_\_\_, M. D.  
(Address) *Reeds Spring Mo*

RECEIVED

District Health Officer No. 6,

District File Number

342-395

MAR 17 1942

Date Filed

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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.**