

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

PLACE OF DEATH

County Dwight  
Township Wheaton Franklin  
or  
Village Wheaton  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 608 File No. 314678-13  
Primary Registration District No. 5807a Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Marie Davis

**PERSONAL AND STATISTICAL PARTICULARS**

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH July 8, 1918  
(Month) (Day) (Year)  
AGE 8 yrs. 8 mos. 25 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Wheaton Mo

PARENTS  
NAME OF FATHER Paul Davis  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Berry Co. Mo.  
MAIDEN NAME OF MOTHER Caroline Nelson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Shriden Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) George Davis  
(ADDRESS) Wheaton Mo

Filed April 3rd 1919 R N Parnell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH April 3, 1919  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March-19, 1919, to April-3, 1919, that I last saw her alive on April-2, 1919, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH<sup>†</sup> was as follows:

Influenza  
115)  
79A

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 ds.  
Contributory (SECONDARY) Meningitis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

(Signed) Otis S. McLeall M. D.  
April-4, 1919 (Address) Wheaton Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence Wheaton Mo

PLACE OF BURIAL OR REMOVAL Muncie Cem Berry Co Mo DATE OF BURIAL April 4, 1919

UNDERTAKER J H Whili ADDRESS Fairview Mo

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.

PLACE OF DEATH

County .....  
 Township .....  
 or  
 Village .....  
 or  
 City ..... (NO. ....)

Registration District No. .... File No. ....  
 Primary Registration District No. .... Registered No. ....  
 St. .... Ward) .....

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

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX .....  
 COLOR OR RACE .....  
 SINGLE MARRIED  
 WIDOWED OR DIVORCED  
 (Write the word)

DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year) .....  
 AGE ..... yrs. .... mos. .... ds. IF LESS than 1 day, .... hrs. or .... min.?

OCCUPATION (a) Trade, profession, or particular kind of work .....  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... (Month) ..... (Day) ..... (Year) .....  
 I HEREBY CERTIFY, that I attended deceased from ..... 191....., to ..... 191....., that I last saw h..... alive on ..... 191..... and that death occurred, on the date stated above, at m..... The CAUSE OF DEATH\* was as follows:

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) .....

(ADDRESS) .....

Filed

191.....

REGISTRAR

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

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.