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

Do not use this space.

29991

1. PLACE OF DEATH

County: Texas — Registration District No.: 303

Township: — Primary Registration District No.: 4306

City: Mecadville (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 93

2. FULL NAME: Charlotte Jane Davenport

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. 4. COLOR OR RACE: W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: Alonzo Davenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 13-1853

7. AGE: Years 81 Months 3 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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): Grundy Co. Mo.

FATHER

13. NAME: James Grimes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Polly Pridmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT: Gregory Davenport (ADDRESS) Jarido, Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Alpha DATE Aug 7, 1934

19. UNDERTAKER: E. J. Robertson (ADDRESS) Jarido, Mo.

20. FILED Aug 7, 1934 Ora Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug 5, 1934, that I last saw her alive on Aug 4, 1934. Death is said to have occurred on the date stated above, at 8 10 a. m.

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

Fracture of hip — Date of onset 7/30/34

Other contributory causes of importance: .....

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) E. J. Jones, M. D.

(Address) Trenton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

#2 Linn.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
93

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charlotte Jane Davenport.
Who died at Meadville on Aug. 5-1934
Residence: No. _____ St. Grundy County Mo
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months 10 Days _____
Sex F Color or race W ~~Single, married,~~ widowed ~~or divorced~~: _____

Date of birth June-13-1853 Age: Years 81 Months 3 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
model retired

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.
186 a

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Fracture of hip
Heart - failure - Myocarditis chronic

Other contributory causes of importance: ~~Fracture~~ Leg - and Abdominal Sclerosis
Name of operation Reduction Date of July 19 - 19 34
What test confirmed diagnosis? clinical Was there an autopsy? no
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury July 19, 1934
Where did injury occur? on farm near Elmira Mo
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
at Home
Manner of injury Fell and broke her leg
Nature of injury Broken Hip
Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
Name of physician Dr Weis - Trenton Mo
Address of physician Trenton Mo
(Signature of Registrar) Ed Weis | Date filed Aug 8-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 503

Primary Reg. Dist. No. 4306

Very truly yours,
E. T. McGaugh
State Registrar

Special Agent. K

S-29991