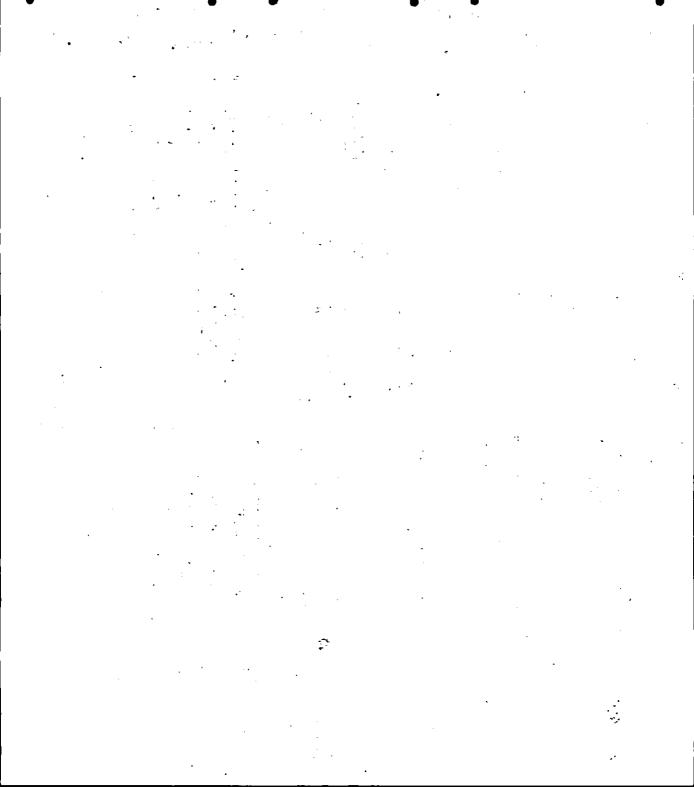
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF BEATH County . J. . . . Registration District No. File No..... Primary Registration District No. Registered No. (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) attended deceased from SA. 1F MARRIED, WIDOWED, OR DIVORGED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, ARD YEAR) of importance were as follows MONTHS DAYS If LESS than 1 7. AGE classified day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... properly 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... ld be carefully s that it may be p 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and Other confributory causes of importance: occupation..... (STATE OR COUNTRY) 8 in plain terms, What test confirmed diagnosis?...... Was there an autopsy?. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury 18. BURIAL. Nature of injury 24. Was disease or injury in any way relac (ADDRESS) (Signed)..... 20. FILED WA (Address) Registrar.



#2 Lune.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

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

93

WASHINGTON

Dear Sir:

	Dear Sir:
	It is essential that death certificates be complete in every particular in or-
	der 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 meaduine on aug 5-1934
	Residence: No. St. Sunda County mo
	(If nonresident, city or town)
	Length of residence in city or
	town where death occurred: Years Months 10 Days
	Sex 7 Color or race W Single, married, widowed or divorced:
	· · · · · · · · · · · · · · · · · · ·
	Date of birth Omne-13-1853 Age: Years 8/ Months 3 Days 33
	·
	Occupation: (a) Trade, profession, or (b) Industry or business in which
	particular kind of work done, as spinner, work was done, as silk mill,
	sawyer, bookkeeper, etc. saw mill, bank, etc.
	modia relied
	Date deceased last worked at this occupation: MonthYear
	Birtholace (State or country)
	Birthplace of father (State or country) Fractive of hip
•	Birthplace of mother (State or country)
	Principal cause of death: Heart & areme - Myceordalis
	elimie
٠,	Other contributory causes of importance water by- and allen Stlemen
	Name of operation Transfer Days of The 19 34
	What test confirmed diagnosis? Was there an autopsy? Value of the following:
	Accident, suicide, or homicide? <u>accidenta</u> Date of injury in 19 7
	Where did injury occur? on Jon New Bluba mo
	(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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician

Signature of Registrary

(Date filed

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

Very truly yours,

Primary Reg. Dist. No. 4306

E.T.M. Jough

Aulia Registrar

2-20191

Charter secure.