

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

Do not use this space.

MAR 24 1934

6265

1. PLACE OF DEATH

County *St. Francois*  
Township *Ladueph*  
City *Cassville* (No. ....)

Registration District No. *779*  
Primary Registration District No. *6024A*

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

*Nancy Myrtle Davis*

(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 *Female*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Paul Davis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 12, 1894*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*39 10*

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. *House wife*  
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) *St. Francois Co.*

FATHER 13. NAME *William Katta*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genine Co.*

MOTHER 15. MAIDEN NAME *Emma Underhill*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

17. INFORMANT (ADDRESS) *Paul Davis Cassville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cassville* DATE *Feb 14, 1934*

19. UNDERTAKER (ADDRESS) *Ch. Boyer Desloge Mo*

20. FILED *2-17, 1934* *W. P. Blackburn* Registrar.

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30*, 19*34*, to *Feb 12*, 19*34*.  
I last saw h. e. alive on *2-12-34* Death is said to have occurred on the date stated above, at *6:15 a.m.*

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

*Carcinoma breast*  
*50 yrs*  
*50*  
Other contributory causes of importance:  
*Arteriosclerosis lung*  
*Palms 0.22?*  
Date of onset *1920*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Amnial* 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?  
If so, specify

(Signed) *Narold C. Galtie*, M. D.  
(Address) *Desloge Mo*

