

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.

THIS IS A PERMANENT RECORD

JUL 31 1937

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

Do not use this space.

24775

1. PLACE OF DEATH

County St. Francois

Registration District No. 274

Township St. Francois

Primary Registration District No. 4465

City Great River (No.)

File No. 208

Registered No.

St. Ward

2. FULL NAME

(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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Thelma Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 20th 1907

7. AGE

YEARS 29

MONTHS

11

DAYS

16

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.

10. Date deceased last worked at
this occupation (month and
year) 1/30

11. Total time (years)
spent in this
occupation 6

Laborer

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Madison Co Mo

FATHER

13. NAME

Edgar Davis

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

Madison Co Mo

MOTHER

15. MAIDEN NAME

Emma White

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

Madison Co Mo

17. INFORMANT
(ADDRESS)

Thelma Davis
Great River Mo

18. BURIAL, CREMATION, OR REMOVAL

buried
Great River Mo
DATE 6-6-37

19. UNDERTAKER
(ADDRESS)

Caldwell Bros
Great River Mo

20. FILED

7/7 37
O. B. Burger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 4, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 3, 1937, to June 4, 1937

Last saw h. / a. alive on June 4, 1937 Death is said

to have occurred on the date stated above, at 5 A. m.

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

Pulmonary Tuberculosis
Tuberculosis peritonitis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? stom. 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) C. O. Thompson, M. D.

(Address) Great River Mo

