

JUL 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb Registration District No. 265  
Township Polk Primary Registration District No. 536  
City Union Star Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 22454  
Registered No. \_\_\_\_\_

2. FULL NAME

Mathias Williams Davis  
(a) Residence, No. Union Star Mo Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 1857  
7. AGE YEARS 79 MONTHS 2 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Oct 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo

13. NAME Stephen Davis

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

15. MAIDEN NAME Mary Hooper

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

17. INFORMANT Charley W. Davis  
(ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Star DATE June 22 1936

19. UNDERTAKER R. H. Taggart  
(ADDRESS) Union Star Mo

20. FILED June 21 1936 E. H. Reynolds  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936  
22. I HEREBY CERTIFY that I attended deceased from Dec 1935 to June 20 1936  
I last saw him alive on June 20 1936 Death is said to have occurred on the date stated above, at 3:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Cholec Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 E. H. Reynolds  
(Signed) Union Star Mo M. D.  
(Address) \_\_\_\_\_

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

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.

