JAN 15 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No. 44909
Township [illegible] — Primary Registration District No. 3008 — Registered No. 308
City Fulton (No. State Hospital No. 1 St. Ward)

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2. FULL NAME Martha Davis

(a) Residence, No. Holts Summit, Mo 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. 14 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1920

7. AGE: 17 YEARS, 9 MONTHS, 4 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) D.K.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie Mo. 1 31

FATHER
13. NAME Ben Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. 31

MOTHER
15. MAIDEN NAME Lillie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Mrs Stephens Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie Chapel Cem. DATE Jan 1 1938

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Mo.

20. FILED Jan 1 1938 R. N. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1937, to Dec 31, 1937
I last saw her alive on Dec 31, 1937 Death is said to have occurred on the date stated above, at 11 22 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	D.K.
Uremia	D.K.
Anemia	D.K.

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Other contributory causes of importance:
Mental Defeciency — Birth

Name of operation none Date of
What test confirmed diagnosis? N.P.N. on Bl. 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? No
If so, specify
(Signed) Philip V. Dreyer, M. D.
(Address)

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.