REC'D JUN 14 1938

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

18149
Do not use this space.

1. PLACE OF DEATH
(a) County Dekalb Registration District No. 264
(b) Township Grant Primary Registration District No. 5367 Registered No.
(c) City Fairport, Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A. Davis 120
(a) Residence, No. St. ✓
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Charlie C. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9/1856
7. AGE: Years 82 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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): Ohio

FATHER
13. NAME: David R. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Harriett Decker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.J.

17. INFORMANT: Charlie Davis
(ADDRESS) Fairport, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairport, Mo DATE 5/31/38, 19
19. FUNERAL DIRECTOR G. Gromer
(ADDRESS) Pattonsburg, Mo.
20. FILED 5-29, 1938 Mrs. Wesley Finn, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28/38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to May 28, 1938
I last saw her alive on May 28, 1938. Death is said to have occurred on the date stated above, at 11-40 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis (mitral insufficiency) — Date of onset ?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) [illegible], M.D.
(Address) Maysville, Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, G.S.Gromer, Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed G.S.Gromer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)