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.

REC'D DEC 19 1938

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

39192
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. Springfield Baptist Hospital 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.

Registration District No. 318
Primary Registration District No. 2001 Registered No. 874

2. PRINT FULL NAME 120 Martha Irene Davis
(a) Residence, No. 1824 E. Central 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 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) Nov 19-1938
7. AGE ✓ YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 5 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) Springfield Mo.

FATHER
13. NAME Robert H. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Millie Irene Holden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Robert H. Davis 1824 E. Central Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Nov. 20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED 11-20 1938 Chas A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to Nov. 20, 1938
I last saw her alive on Nov. 19, 1938. Death is said to have occurred on the date stated above, at 12:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery about 6½ mo Pregnancy	11/19/38

Other contributory causes of importance: 154

Name of operation 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
(Signed) C. E. Feller, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 13358

P. O. Address Springfield

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

If this body is not embalmed, above space should be left blank.