NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH
County: Christian — Registration District No.: 184
Township: S. Galloway — Primary Registration District No.: 6270
City: ..... (No. ....., ... St. ..... Ward)

File No. 32378
Registered No. 96

2. FULL NAME: Marry E. Davis

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 29, 1844

7. AGE: Years 86 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Maid
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berryville Ark

PARENTS
10. NAME OF FATHER: Martin Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina
12. MAIDEN NAME OF MOTHER: Peggie A. Bilgee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: W. H. Davis
(Address): Ponce De Leon Mo

15. FILED Nov. 5, 1930 Loretta Leonard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1930 to Oct 24 1930, that I last saw he alive on Oct 24 1930, and that death occurred, on the date stated above, at 2-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
and Atrophy of Kidneys
1330
1670 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) S. L. Melton, M. D
Oct 30 1930 (Address) Ponce de Leon Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marvin Cemetery — DATE OF BURIAL: 10-27 1930
20. UNDERTAKER: Mrs Hettie Stuller — ADDRESS: Red Springs Mo

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.