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.

APR 29 1932

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

Do not use this space.

5913

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 784 — File No.

3 Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.

4 City SFERGUSON MO. (No. 431 HERN ST. St. Ward)

2. FULL NAME MARTHA ANN DAVIS.

(a) Residence, No. 431 HERN STR. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): WIDOW.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/4/1863.

7. AGE: YEARS 68 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME. 235
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): ILLINOIS. 2

FATHER

13. NAME: JAMES GOWDY.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN. 31

MOTHER

15. MAIDEN NAME: MARY DRAPER.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

17. INFORMANT (ADDRESS): Raymond F. Davis, 431 HERN ST, FERGUSON MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enfield Ill DATE 2-27-32

19. UNDERTAKER (ADDRESS): Provost Und. Co 3710 N. Grand Blvd St Louis

20. FILED ~~Feb 28~~ April 8, 1932 1932 Emma J. Harris Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/23/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1932 to 2-23-, 1932

I last saw her alive on 2-23-, 1932 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1929
131 / 93 / 97 / 31 (1)	
Other contributory causes of importance:	
(1) Arteriosclerosis	1920
(2) Nephritis - chr	1920

Name of operation: no Date of

What test confirmed diagnosis? Clinical 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) Roy Johnson, M. D.
(Address) Ferguson, Mo.