

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

Do not use this space.

4271

**1. PLACE OF DEATH**

97 County Saline Registration District No. 798  
Township Blackwater Primary Registration District No. 6042  
City..... (No..... St..... Ward)

**2. FULL NAME**

Mattie Odell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 21, 1909</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>3</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>		
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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saline Co.  
(STATE OR COUNTRY) Mo.

13. NAME Will Davis

14. BIRTHPLACE (CITY OR TOWN) Ky  
(STATE OR COUNTRY)

15. MAIDEN NAME Viola Bowman

16. BIRTHPLACE (CITY OR TOWN) Saline Co.  
(STATE OR COUNTRY) Mo.

17. INFORMANT M. Viola Davis  
(ADDRESS) Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Saline Co. Mo. DATE Jan. 8, 1933

19. UNDERTAKER Vandiver Protectors  
(ADDRESS) Marshall, Mo.

20. FILED 1/15, 1933 Mrs. Hall Williams  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

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

55 Epilepsy  
85  
Date of onset 1926

Other contributory causes of importance:

Dist. Renal

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? no

If so, specify.....

(Signed) J. P. Durran, M. D.

(Address) Nelson, 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.

