

Ken Leig
Do not use this space

DEC 19 1935

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

36825

1. PLACE OF DEATH

County New Madrid Co.

Registration District No. 1133

File No. _____

Township Windsor

Primary Registration District No. 5799A

Registered No. 19

City Matthews, Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME

Edgar Davis

(a) Residence, No. Matthews, Mo. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 - 1897</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>3</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex, Mo.

13. NAME Sam Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County

15. MAIDEN NAME Annie Green

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

17. INFORMANT Sam Davis (ADDRESS) Matthews, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Essex, Mo. DATE Nov 22, 1935

19. UNDERTAKER John Albritton (ADDRESS) Essex, Mo.

20. FILED Nov 21, 1935 Jas D. Kochel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1935 to Nov 8, 1935

I last saw him alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 9:12 a.m.

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

Chronic Parenchymatous nephritis

Other contributory causes of importance: Secondary Anemia

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) Herbert M. Leidy, M. D.
(Address) Essex, 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.

