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.

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

FEB 18 1936

Do not use this space.

384

1. PLACE OF DEATH
County Caldwell, Registration District No. 93
Township Davis, Primary Registration District No. 5139
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 1

2. FULL NAME Mathew Franklin Davis,
(a) Residence, No. Davis Town-ship, St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male,
4. COLOR OR RACE White,
5. [redacted] MARRIED, [redacted] (write the word) Married,
5A. IF MARRIED, [redacted] HUSBAND OF (OR [redacted] OF Sarah E. Davis,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) -Aug.-18th.,-1858
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming,
10. Date deceased last worked at this occupation (month and year) Dec.-19 35
11. Total time (years) spent in this occupation 70
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell County, Mo.,

FATHER
13. NAME Lewis Davis,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.,

MOTHER
15. MAIDEN NAME Millie Barron,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Mo.,

17. INFORMANT (ADDRESS) Grover Davis Braymer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery DATE Jan.-8th-1936
19. UNDERTAKER (ADDRESS) E. P. Mielard Braymer Mo.
20. FILED Jany 7 1936 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1936
22. I HEREBY CERTIFY, that I attended deceased from Nov 28, 1935, to Jan 5, 1936
I last saw him alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia (Complete)	1/1/36
Partial Left Hemiplegia	11/20/35

Other contributory causes of importance:

General Arteriosclerosis	over
Chronic Inst. Nephritis	10 years

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. L. Woolsey, M. D.
(Address) Braymer Mo.