

APR 16 1936

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

Do not use this space.

9743

## 1. PLACE OF DEATH

County *Christian*Registration District No. *#187*Township *Roll*Primary Registration District No. *#197*City *Billings* (No. ....)

St. .... Ward)

## 2. FULL NAME

*Lizzie Alice 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 *10* 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 OR (OR) WIFE OF *Henry C Davis*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 18, 1859*7. AGE YEARS *76* MONTHS *3* DAYS *16* If LESS than 1 day, .... hrs. or .... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

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) (STATE OR COUNTRY) *Missouri*13. NAME *Elisha Clark*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*15. MAIDEN NAME *Sarah Lissel*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*17. INFORMANT (ADDRESS) *Mrs Nellie Blades Billings Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Wadebury* DATE *Mar. 7, 1936*19. UNDERTAKER (ADDRESS) *R. S. Wallace Billings Mo*20. FILED *Mar. 6, 1936* *F. B. Brown* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Mar 2 - 1936* to *Mar 5, 1936*I last saw her alive on *Mar 5, 1936* Death is saidto have occurred on the date stated above, at *3402* m.

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

*Cerebral Hemorrhage* Date of onset

Other contributory causes of importance

*Hypertension*  
*Arteriosclerosis*

Name of operation .... Date of ....

What test confirmed diagnosis? *This exam* 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) *L. Davis*, M. D.(Address) *Billings, 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.

