APR 17 1936

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

Do not use this space.

Dr. W. T. Walsh

File No. 10138

Registered No. 194

1. PLACE OF DEATH
County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield Mo 2023 Milton St. Ward)

2. FULL NAME Mrs Frances E. Davis
(a) Residence, No. 2023 Milton 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Martin Davis (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1855

7. AGE YEARS 81 MONTHS 1 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ohio Home
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) Ohio

FATHER
13. NAME Wm. Albert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER
15. MAIDEN NAME Sarah Abbott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Daughter Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE March 6 - 36

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield Mo

20. FILED 3-6-1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1936, to 3/5, 1936
I last saw her alive on 3/4, 1936. Death is said to have occurred on the date stated above, at 1a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	unknown
Other contributory causes of importance:	
Cerebral hemorrhage	12 days

Name of operation ✓ Date of
What test confirmed diagnosis? Physician 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?
If so, specify
(Signed) W. T. Walsh, M. D.
(Address) Springfield 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.