APR 20 1936

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

Do not use this space.

11099

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553B — Registered No. 64
City Little Blue Mo County Home St. Ward)

2. FULL NAME Mattie 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 Fe
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk

7. AGE Abt. 75 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Lexington Mo

FATHER
13. NAME Calvin Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Gertrude Johnson 3015 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Country 3-25-36

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet KCMo

20. FILED Mch 24, 1936 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH 1:40 pm.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 19, to March 20, 1936
I last saw her alive on March 20, 1936 Death is said to have occurred on the date stated above, at 1:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic & Mitral Insufficiency	

Other contributory causes of importance:

Senility

Name of operation Date of
What test confirmed diagnosis? 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) L. W. Booker, M. D.
(Address) 2028 Vine St.

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.