WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 3 1936

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

Do not use this space.

38404
38407

1. PLACE OF DEATH
County Mississippi — Registration District No. 566
Township Long Prairie Twp — Primary Registration District No. 5762
City Bertrand (No. ..., ... St. ..... Ward)

File No. .....
Registered No. 136

2. FULL NAME L. N. 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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1869

7. AGE Near 67 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. Farm Laborer
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) Hickman Ky.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Hal Van Pool Bertrand Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Armer Cemetery DATE Oct. 22 1936

19. UNDERTAKER (ADDRESS) Frank Mc Funeral Service Charleston Mo.

20. FILED 10-23- 1936 F S Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH 3 A.M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22 1936

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

Cardiac Asthma and Mitral Insufficiency

Date of onset

Other contributory causes of importance:
Chronic Nephritis with Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl. Symptoms 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? No
If so, specify .....
(Signed) Frank S Vernon, M. D.
(Address) Charleston Mo