

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

Do not use this space.

DEC 17 1938

**1. PLACE OF DEATH**

52 County Mox  
 Township Myrtle  
 City Myrtle (No.         )

Registration District No. 444 5603  
 Primary Registration District No. 42-62

File No. 15037  
 Registered No. 10

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name of) Lillie Hale Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1861

7. AGE YEARS 76 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

13. NAME Marshall Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Maudie Simpson (ADDRESS) Knof City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mox City Mo DATE April 30 1938

19. UNDERTAKER (ADDRESS) J. R. Northwest

20. FILED Apr 30 1938 J. R. Northwest Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938

I HEREBY CERTIFY, That I attended deceased from Mar 12 1938 to Apr 29 1938

I last saw him alive on Apr 28 1938. Death is said to have occurred on the date stated above, at 1:00 pm 1:30 am

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

First had flu and heart trouble for several a week before he died he had a Hemorrhage of brain causing paralysis of left side

Other contributory causes of importance:

9381

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) J R Northwest, M. D.

397 (Address) Knof City 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.

