

REC'D APR 15 1939

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

11185  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417  
(b) Township JOPPIN Primary Registration District No. 3021 Registered No. 18  
(c) City Webb City (d) Street No. 322 S. WEBB ST. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Matilda J. Davis

(a) Residence, No. 322 S. Webb St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1866

7. AGE YEARS 73 MONTHS 0 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) NO DATA. (STATE OR COUNTRY) 9

FATHER 13. NAME Ben Taylor

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Garber

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Nettie Forrest (ADDRESS) Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carleville Cem DATE 3/10/39

19. FUNERAL DIRECTOR (NAME) Webb City Und Co (ADDRESS) Webb City, Mo

20. FILED MCH. 10. 39 R. M. Stenou Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 to Mar 1, 1939

I last saw her alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 4:00 P. m.  
The principal cause of death and related causes of importance were as follows:

Cardio renal  
vascular disease

Other contributory causes of importance: 121

Name of operation clinical Date of 70  
What test confirmed diagnosis? clinical 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 P. M. Stenou, M. D.  
(Signed) P. M. Stenou, M. D.  
(Address) Webb City, Mo

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.

1 X18605

RECEIVED

District Health Officer No. 6,

District File Number 6-39-679

Date Filed APR 3 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert M. Johnston

Licensed Embalmer No. 3, 922

P. O. Address Webb City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**