



IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

1. PLACE OF DEATH  
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

10051  
REGISTRAR'S NO. 37

COUNTY OF Liberty  
CITY OR PRECINCT NO. Dayton 2406 NO. \_\_\_\_\_ STREET \_\_\_\_\_

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED 82 YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAYS. HOW LONG IN U. S. IF FOREIGN BORN? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAYS

2. FULL NAME OF DECEASED Matthe Emilie Davis

RESIDENCE OF THE DECEASED NO. \_\_\_\_\_ STREET \_\_\_\_\_ CITY Dayton STATE Ga.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED Widowed  
(WRITE THE WORD)

5A. IF MARRIED, WIDOWED OR DIVORCED Widowed  
HUSBAND OF John W. Davis  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH June 9  
(MONTH, DAY, AND YEAR)

7. AGE 82 YEARS 7 MONTHS 29 DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 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) Texas  
(STATE OR COUNTRY)

13. NAME J. Dag

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

15. MOTHER'S NAME Elizabeth Munson

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

17. INFORMANT D. R. Davis

(ADDRESS) Dayton, 2406

18. BURIAL REMOVAL PLACE Houston Tex DATE Feb 9 1940

19. UNDERTAKER J. H. Marrow

(ADDRESS) Liberty, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR Mar 1 1940 Sam Smith  
(FILE DATE) (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH February 8th 1940  
(MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 10 1939 TO Feb 8 1940

I LAST SAW HIM ALIVE ON Feb 9 1940

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Apoplexy

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clivical 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 \_\_\_\_\_ 193

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. E. G. G. G. M. D.  
(ADDRESS) Liberty, Tex.

