

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

Do not use this space.

12844

1. PLACE OF DEATH
 County De Kalb Registration District No. 4161
 Township Galk Primary Registration District No. 267
 City Union Star (No. 1111) St. _____ Ward _____

2. FULL NAME Thomas Ellis 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 25 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) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 1933

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

17. I HEREBY CERTIFY That I attended deceased from _____ 1933 Apr 23 1933 that I last saw him alive on Apr 7 1933 and that death occurred, on the date stated above, at 7:20 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 1853

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 1 9

Acute Dilatation of
Heart
9-15 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
2 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Debrew Co Mo
 (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Stephen Davis

Did AN OPERATION PRECEDE DEATH _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) Mo

WAS THERE AN AUTOPSY _____

12. MAIDEN NAME OF MOTHER May Hobson

WHAT TEST CONFIRMED DIAGNOSIS _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) Mo

(Signed) E. M. Reynolds M. D.

, 19 (Address) Union Star Mo

14. INFORMANT Olivia Davis
 (Address) Union Star Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 4/25/33 E. M. Reynolds REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star DATE OF BURIAL Apr 26 1933

20. UNDERTAKER R. J. Mayhew ADDRESS Keokuk 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.

MAY 22 1933

RECORD

