

JUL 20 1936

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

Do not use this space.

File No. **22454**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County **De Kalb** Registration District No. **265**  
Township **Folk** Primary Registration District No. **536**  
City **Union Star Mo** (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Nathan Williams 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 **53** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Wedded</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lucinda Davis</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Apr 15 - 1857</b>		
7. AGE YEARS <b>79</b>	MONTHS <b>2</b>	DAYS <b>6</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>		
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) <b>Oct 1934</b>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Andrew Co Mo</b>		
FATHER	13. NAME <b>Stephen Davis</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri</b>	
MOTHER	15. MAIDEN NAME <b>Mary Hooper</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ind</b>	
17. INFORMANT <b>Charley W. Davis</b> (ADDRESS) <b>Union Star Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Union Star</b> DATE <b>June 22 1936</b>		
19. UNDERTAKER <b>R. H. Taggart</b> (ADDRESS) <b>Union Star Mo</b>		
20. FILED <b>June 21 1936</b> <b>E. M. Reynolds</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 20 1936**

22. I HEREBY CERTIFY that I attended deceased from **Dec 1935** to **June 20 1936**  
I last saw him alive on **June 20 1936** Death is said to have occurred on the date stated above, at **3:40 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Coronary Arteriosclerosis**  
**Chronic Myocarditis**  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
**None**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clinical** 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) **E. M. Reynolds** M. D.  
(Address) **Union Star 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.

100-3-22-35

