

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.

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

PLACE OF DEATH
County DeWitt
Ship Current
or
Village
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 260
File No. 14 19875
Primary Registration District No. 5371 Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Jno. T. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED
OR DIVORCED
(If write the word)

DATE OF BIRTH February 1850
(Month) (Day) (Year)

AGE 62 yrs. 3 mos. 23 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Summersville, Mo.

PARENTS
NAME OF FATHER John W. Davis
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee
MAIDEN NAME OF MOTHER Deliah Cooper
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert Smith
(ADDRESS) Nile, Mo.

Filed June 2 1912 J. C. Weld REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 22, 1912, to May 27, 1912, that I last saw him alive on May 26, 1912, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Chronic Catarrhal Gastritis

Contributory (Secondary) 103 (Duration) 2 yrs. ____ mos. ____ ds.

(Signed) W. K. Merrill M. D.
5-27 1912 (Address) Cedar Grove

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Hell Cemetery DATE OF BURIAL May 29 1912
UNDERTAKER Ed Conrad ADDRESS Salem Mo

