

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

Do not use this space.

16040

1. PLACE OF DEATH

County Randolph Co.
Township ~~Butler~~
City Huntsville (No. _____)

Registration District No. 733
Primary Registration District No. 4438

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5a. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rudener Davis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 12 - 1845</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Coal Miner</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>_____</u> (c) Name of employer <u>_____</u>		

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Wales

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

14. INFORMANT Mr. George C. Beale
(Address) Huntsville, Mo.

15. May 14 1927
REGISTRAR G. G. Pragg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1927

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1927, to May 9, 1927, that I last saw him alive on May 8, 1927, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Stenosis
928
99
900
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-Sclerosis
(SECONDARY)
(duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____ DATE OF _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? G. G. Pragg
(Signed) _____, M. D.
5/14, 1927 (Address) Huntsville

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Huntsville Cemetery DATE OF BURIAL May 12 1927

20. UNDERTAKER Andrew Missa ADDRESS Huntsville, 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.

