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

Do not use this space.

16444

File No. .....

Registered No. 61

**1. PLACE OF DEATH**

County Carroll — Registration District No. 135

Township ..... — Primary Registration District No. 3010

City Carrollton (No. ....., ..... St. ..... Ward)

**2. FULL NAME** William M. 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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| M | W | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-25-1908

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 7 | 26 | |

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

9. BIRTHPLACE (CITY OR TOWN) Youngstown Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John E. Davis

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

12. MAIDEN NAME OF MOTHER Alice Bishoff

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

14. INFORMANT J. O. Davis
(Address) Carrollton Mo

15. FILED 5-22, 1928 Mrs E. E. Farnham
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-19-28, 19..., to 5-21, 19 28, that I last saw him alive on 5-21, 19 28 and that death occurred, on the date stated above, at 6.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) General peritonitis
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 5-19, 28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. B. Brown, M. D
5-22, 1928 (Address) Carrollton 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.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Youngstown, Mo | 5-23 1928 |
| **20. UNDERTAKER** | **ADDRESS** |
| Willis Brothers | Carrollton Mo |