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.

21588

1. PLACE OF DEATH

County Ray — Registration District No. 740 — File No.

Township ~~Crooked River~~ — Primary Registration District No. 4442 — Registered No. 66

City Hardin (No. ..... St. ..... Ward)

2. FULL NAME William H. Davis (Col)

(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)
Male	Black	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About ~~1856~~ 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
72				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Reuben Davis

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

12. MAIDEN NAME OF MOTHER Elizabeth Ridings

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

14. INFORMANT Alfred Davis
(Address) 917 2nd E. St Hutchinson Kans

15. FILED July 10, 1928 J. W. Knipschild REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/9/28 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1927, to June 7 1928 that I last saw h[illegible] alive on June 7, 1928, and that death occurred, on the date stated above, at 7.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Oedema of Lungs

131

111 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. H. Jenkins, M.D.

, 19 (Address) Hardin, 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
Hardin Cem. Hardin Mo	6/II/29 19

20. UNDERTAKER	ADDRESS
A. W. Mansur	Richmond Mo.