G 2 1 1928

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

Do not use this space.

23055

1. PLACE OF DEATH . . .
County Buchanan — Registration District No. 85 — File No. 23055
Township — Primary Registration District No. 1001 — Registered No. 860
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Thomas O. Davis,
(a) Residence. No. St., Ward. Maitland, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1860

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 10 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician 72A 59
(b) General nature of industry, business, or establishment in which employed (or employer) 131
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington County,
(STATE OR COUNTRY) Indiana,

PARENTS
10. NAME OF FATHER John Davis,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs Elsie Wyman
(Address) Maitland, Missouri,

15. FILED 16 1928 19 John G. [illegible] REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 17, 1928 that I last saw him alive on July 16, 1928, and that death occurred, on the date stated above, at 4:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphatic Leukemia
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus - Chronic nephritis
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Maitland Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) H W Carle, M. D
7/17, 1928 (Address) 301 Phys & Surg Bldg

*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: Maitland, Missouri,
DATE OF BURIAL: July 19 1928

20. UNDERTAKER: Heaton-Bergole & Bowman
ADDRESS: 319 S. 10 St. General Home

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.

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Lifting Model
Model Lift
Lifting, Inc.
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