

SEP 27

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

Do not use this space.

1. PLACE OF DEATH

County Scott  
Township Wells  
City Illmo

Registration District No. 1155  
Primary Registration District No. 615

File No. 29432

2. FULL NAME

Andrew Preston Davis

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/8/1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 4 11

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) Anna Ill.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Columbus Davis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Don't know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs. A. P. Davis  
(Address) Illmo Mo

15. FILED Sept 25, 1928 W. J. Tjerv  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-19-1928

17. I HEREBY CERTIFY, That I attended deceased from 8-12-1928, to 8-19-1928, that I last saw him alive on 8-12-1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arteriosclerosis of Abdominal  
76. Arterio

(duration) 304 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/10  
(duration) yrs. mos. da.

18. WHERE DISEASE CONTRACTED 9/10  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) S. A. Gorman, M. D.  
8-24-1928 (Address) Hornfelts Ave

\*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 Illmo Mo DATE OF BURIAL 8/20/28

20. UNDERTAKER W. J. Tjerv ADDRESS Illmo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

