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

Do not use this space.

30868

1. PLACE OF DEATH

County: Jasper — Registration District No.: 417 — File No.:

Township: Joplin — Primary Registration District No.: 55610 — Registered No.: 110

City: JBC Hospital (No. J-JBC Hospital St. Ward)

2. FULL NAME William R. Davis

(a) Residence. No. (Usual place of abode) Joplin St. Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1874

7. AGE: Years 54 — Months 8 — Days 19 — If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner 23 P 113 P
(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): Hickory Missouri

PARENTS

10. NAME OF FATHER: James Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

12. MAIDEN NAME OF MOTHER: Margaret Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Records
(Address)

15. FILED 9/28, 1928. R. M. Stormont, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 24, 1928, that I last saw him alive on Sept 24, 1928, and that death occurred, on the date stated above, at 8:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Silicosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Hemoptysis 4 Min.
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum

(Signed) Jno. E. Douglass, M. D.

9/28, 1928 (Address) Webb City

*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: Fairview Cem — DATE OF BURIAL: 9-27-1928

20. UNDERTAKER: Werlein Funeral Co. — ADDRESS: Joplin

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.

SEP 26 1928

WHITE'S PERPETUAL STATISTICAL RECORD