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

Do not use this space.

7335

MAR 23 1929

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.

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No. 19-
Township — Primary Registration District No. 3790 — Registered No.
City (No. ; St. Ward)

2. FULL NAME James H Davis
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1867

7. AGE: Years 62 — Months — Days 23 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) near
(STATE OR COUNTRY) Buchelar Mo

PARENTS
10. NAME OF FATHER: Carey Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER: Martha Drishell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT: Mrs. L. Davis
(Address) Farmington Mo

15. FILED 2/9, 1929 D J Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to Feb. 8, 1929 that I last saw him alive on Feb. 7, 1929, and that death occurred, on the date stated above, at 7 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho-Pneumonia acute right upper, middle, and lower lobes
11A
17A (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Buell Menefee, M. D
Feb 8, 1929 (Address) Montgomery 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: Bethel Cemetery — DATE OF BURIAL: 2/9 1929

20. UNDERTAKER: C W Hopkins — ADDRESS: Montgomery Mo