MAY 23 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 13695

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 68
City Kirksville Mo (No. ..... St. ..... Ward)

2. FULL NAME Frank M. 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 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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Malissa Davis.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-17-1882
7. AGE: Years 56 Months 10 Days 18 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Minor
(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): Schyler Co Mo
PARENTS
10. NAME OF FATHER: Frank Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Sarah Trasher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
14. INFORMANT: Malissa Davis
(Address): Green Top Mo
15. FILED 4/7 1929 C. Becker Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 5 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1929, to Apr 5, 1929, that I last saw him alive on Apr 5, 1929, and that death occurred, on the date stated above, at 8.30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia - Labar - left lung -
108 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. 3 mos. — ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? his home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) John F. Dodson, M.D.
, 19 (Address) Kirksville 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: Green Top Mo — DATE OF BURIAL: April 7 1929
20. UNDERTAKER: D. E. Riley — ADDRESS: Kirksville