

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

Do not use this space.

6-1929

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1. PLACE OF DEATH

County Magnolia
Township White
City (No. _____) _____

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Louis

(a) Residence (Usual place of abode) _____ St. _____ Ward _____

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 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929

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

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1929, to June 23, 1929, that I last saw him alive on March 19, 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute myocarditis
50E
93A

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 57 No Record

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Former
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Rheumatic fever
and Arteritis (duration) yrs. mos. ds. 1 mos.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

10. NAME OF FATHER Thomas Davis

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Ex of Urine
(Signed) James H. [unclear], M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER Patricia Buckner

(Address) Goldberry, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

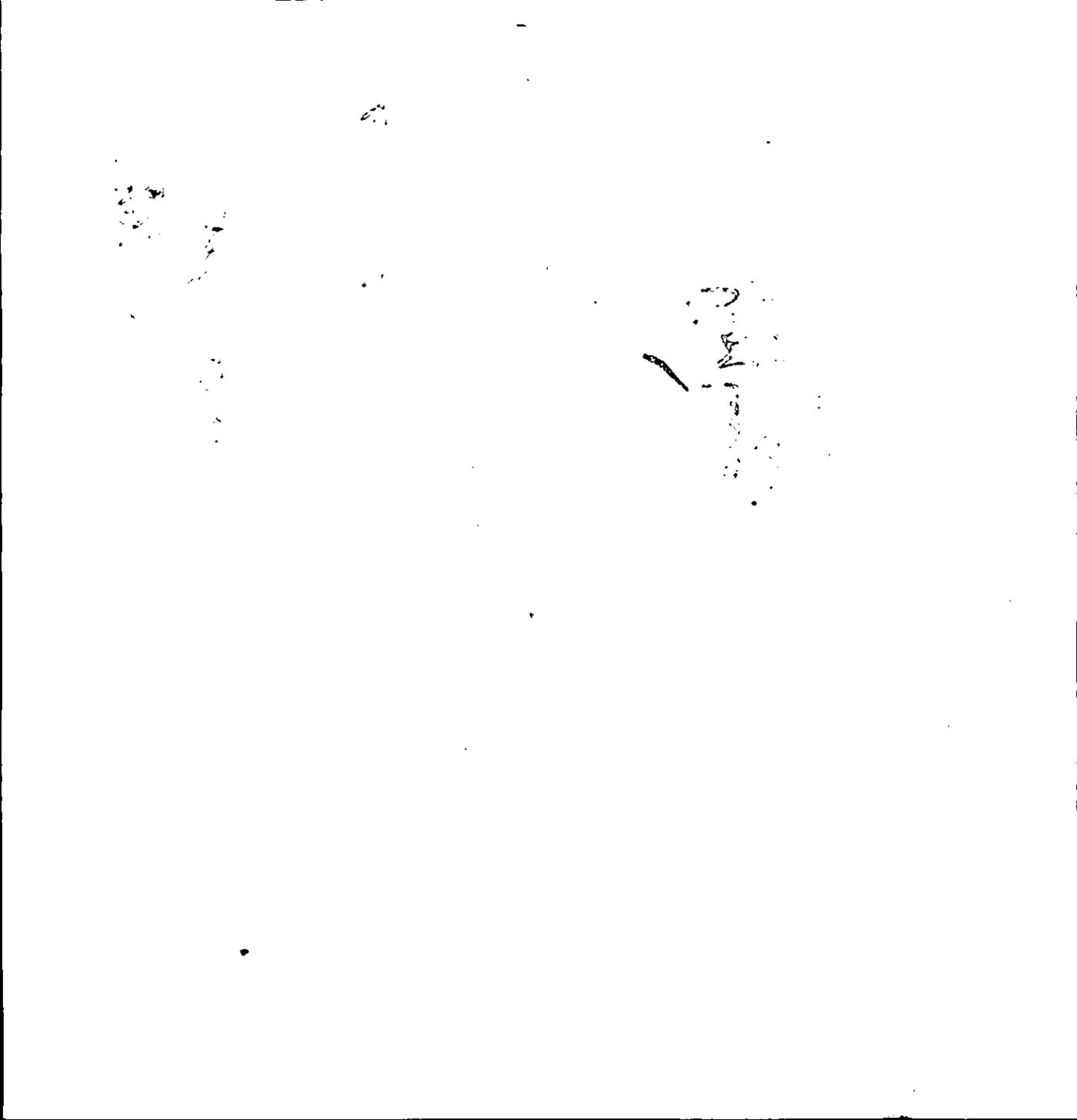
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT J. Davis
(Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plains, Va. [unclear] DATE OF BURIAL June 23 1929

15. FILED 7/2 1929 J. L. Davis
REGISTRAR

20. UNDERTAKER Ed. [unclear] ADDRESS Plains



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon

Registration District No. 531

File No.

Township White

Primary Registration District No. 5709

Registered No.

City (No.) St. Ward)

2. FULL NAME

John Davis

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 87

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) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Thomas Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER Paula Ballard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT J. Davis (Address)

15. FILED 8/9 1929 J. G. Shacklett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929

17. I HEREBY CERTIFY That I attended deceased from Mar 19 1929 to June 23 1929 that I last saw her alive on Mar 19 1929, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
CONTRIBUTORY (SECONDARY) Phlebotomiasis and ascitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ex. of urine (Signed) James Abbott M. D. (Address) Goldsbery no

*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 Pleasant View dimm co DATE OF BURIAL June 23 1929

20. UNDERTAKER Ed Harrison ADDRESS Bucklin

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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