

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

Do not use this space.

26371

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City Solonia (No. 3308 Caroline) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7591  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William M. Davis  
(a) Residence. No. 3308 Caroline St. 18 Ward. \_\_\_\_\_  
(Usual place of abode) (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 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) Dec 15 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 7 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) not employed  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Solonia  
(STATE OR COUNTRY) mo.

10. NAME OF FATHER Hugh Davis

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

12. MAIDEN NAME OF MOTHER Catharine Morgan

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

14. INFORMANT Eliohol Davis  
(Address) B308 Caroline St

15. FILED JUL 23 1929 W. C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. HEREBY CERTIFY, That I attended deceased from Dec 2, 1928 to July 21, 1929 that I last saw him alive on July 20/29, 1929, and that death occurred, on the date stated above, at 7:45 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS: -**

Carcinoma of Larynx  
Metastases of chest  
47A  
53B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) same (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical diagnosis  
(Signed) Henry J. Brookes, M. D.

(Address) Grand Lafayette  
\*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 Bellefontaine Cemetery DATE OF BURIAL July 23 1929

20. UNDERTAKER Petty Bros 3029 Lafayette ADDRESS

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.

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D. H. B. Otto  
I-3-7-8. pm  
The end of the world