

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

Do not use this space.

41210

1. PLACE OF DEATH

County... Laclede Registration District No. 449  
Township... Washington Primary Registration District No. 5612  
City... (No. ....) St. .... Ward)

2. FULL NAME

Harley W Davis

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68      1      17

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) Tenn

10. NAME OF FATHER William A. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Martha A. Gargus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

14. INFORMANT Jess Davis  
(Address) Lebanon

15. FILED 12/16 1929 J. M. Beeman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1929, to Dec. 15, 1929 that I last saw him alive on Dec. 14, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia

131  
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinary

(Signed) J. A. Hamilton, M. D.

, 19 (Address) Lebanon, 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 newhope Cemetery DATE OF BURIAL 12-17 1929

20. UNDERTAKER Holman Stewart ADDRESS Lebanon Mo

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.

33  
12/21/1930

