

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

Do not use this space.

1680

**1. PLACE OF DEATH**

County Johnson  
Township Jackson  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 435  
Primary Registration District No. 5592

File No. \_\_\_\_\_  
Registered No. 3

**2. FULL NAME**

Milton Henry Davis

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 17-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 8 20

**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) Retired farmer  
(c) Name of employer \_\_\_\_\_

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

Illinois

10. NAME OF FATHER Robert Davis

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

12. MAIDEN NAME OF MOTHER Elizabeth Baldridge (Address) Warrsburg Mo

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

14. INFORMANT (Address) Mrs Thos Rice Pitterville Mo

15. FILED Jan 15 1930 REGISTRAR L. J. Turbow

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20<sup>th</sup> 1929 to Jan 7<sup>th</sup> 1930, and that I last saw him alive on Oct 15<sup>th</sup> 1929, and that death occurred, on the date stated above, at 10:40 A. M.

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

acute myocardial infarction  
93A  
167  
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Smoking  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 886

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) O. B. Bell M. D.

(Address) Warrsburg 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 DATE OF BURIAL  
Pitterville Cemetery Jan 8 1930

20. UNDERTAKER ADDRESS  
W. H. Goodman Holden 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.

WRITE PLAINLY WITH CAPITAL LETTERS

