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

Do not use this space. 3828 Hay

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.

1. PLACE OF DEATH

County ..... Registration District No. 875 ..... File No. .....

Township ..... Primary Registration District No. 6162 ..... Registered No. 4

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ralph Davis

(a) Residence. No. State Hospital #3 St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 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) ? 1905

7. AGE: YEARS 25 MONTHS ? DAYS ? If LESS than 1 day, ... hrs. or ..... min.

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): Greenfield Mo.

PARENTS

10. NAME OF FATHER: J. M. Davis

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

12. MAIDEN NAME OF MOTHER: Maud Davidson

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

14. INFORMANT (Address): J. M. Davis Greenfield Mo.

15. FILED 2/5/ 1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1929, to Jan. 31, 1930 that I last saw him alive on ....., 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Maniacal exhaustion

84

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Dementia precox

(duration) ? yrs. ? mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. O'Dell, M. D

Jan. 31, 1930 (Address) Nevada 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: Greenfield — DATE OF BURIAL: 2-2 1930

20. UNDERTAKER: W. V. Hays — ADDRESS: Nevada Mo.