

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 28 1930

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

Do not use this space.

7521  
7537

1. PLACE OF DEATH

County *Wright*  
Township *Wacarcade*  
City (No. *Pleasant*)

Registration District No. *906*  
Primary Registration District No. *6221*

File No. \_\_\_\_\_  
Registered No. *19* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Pleasant 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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (only widow or former wife) *Empress Davis*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1907-7-18-54*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *75 3 7*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *minister*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Benton Co. Arkansas*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Larkin Davis*

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

12. MAIDEN NAME OF MOTHER *White*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *North Carolina*  
(STATE OR COUNTRY)

14. INFORMANT (Address) *W. J. Davis Independence Mo.*

15. FILED *7/15/30* *Morris Bea* REGISTRAR  
*Deputy*

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 14 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 31*, 1930, to *Feb 14*, 1930 that I last saw him alive on *Feb 11*, 1930, and that death occurred, on the date stated above, at *110* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Interstitial Nephritis*  
*121*

(duration) *several years* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *dropy*

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

*1290*  
IS NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Phys &*

(Signed) *J. H. Fuson, M. D.*

*Feb 12, 1930* (Address) *Manassas Va*

\*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 *Harley Cemetery* DATE OF BURIAL *7/16 1930*

20. UNDERTAKER *W. Watson* ADDRESS *Seppon Mo.*

