

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

Do not use this space.

7736

1. PLACE OF DEATH

County Richmond Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph, Mo. (No. State Hospital #2) St. _____ Ward)

File No. _____
 Registered No. 278

2. FULL NAME

(a) Residence. No. Chas. C. Davis
 (Usual place of abode) State Hospital No. 2 St. _____ Ward.
 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF about

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 Unknown

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) The Known
 (STATE OR COUNTRY)

10. NAME OF FATHER Abraham Davis

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

12. MAIDEN NAME OF MOTHER Cynthia Lewis

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

14. INFORMANT State Hospital records
 Address St. Joseph, Mo.

15. FILED 5 1930 John E. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 7 1930 to Mar 5 1930 that I last saw him alive on Mar 4 1930 and that death occurred, on the date stated above, at 12:5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bruce Typhoid
34 (duration) yrs. mos. ds.
38 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B. E. Miles, M. D.

Mar 5 1930 (Address) St. Joseph, 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 Kirkville, Mo. DATE OF BURIAL Mar 5 1930

20. UNDERTAKER E. A. Biedenfeld ADDRESS 602 So. 10

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.

RECORDING THIS IS A PERMANENT RECORD

