

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

Do not use this space.

12103

MAY 23 1930

PLACE OF DEATH

County Cooper Registration District No. 217
Township Jefferson Primary Registration District No. 5308
City Blackwater (No. _____, St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME John J 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fisherman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Galien (STATE OR COUNTRY) _____

10. NAME OF FATHER William D Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Mrs. M. Major
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Davis (Address) 13 Blackwater Mo

15. FILED 4-9, 1930 W. J. Honey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from 12 to 1930
that I last saw him alive on Apr 9, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Pulmonary Tuberculosis
23A

CONTRIBUTORY (SECONDARY) 31 (duration) 35 yrs. mos. ds.

18. WHERE THE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. J. Honey, M. D.

4-9, 1930 (Address) 13 Blackwater 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.

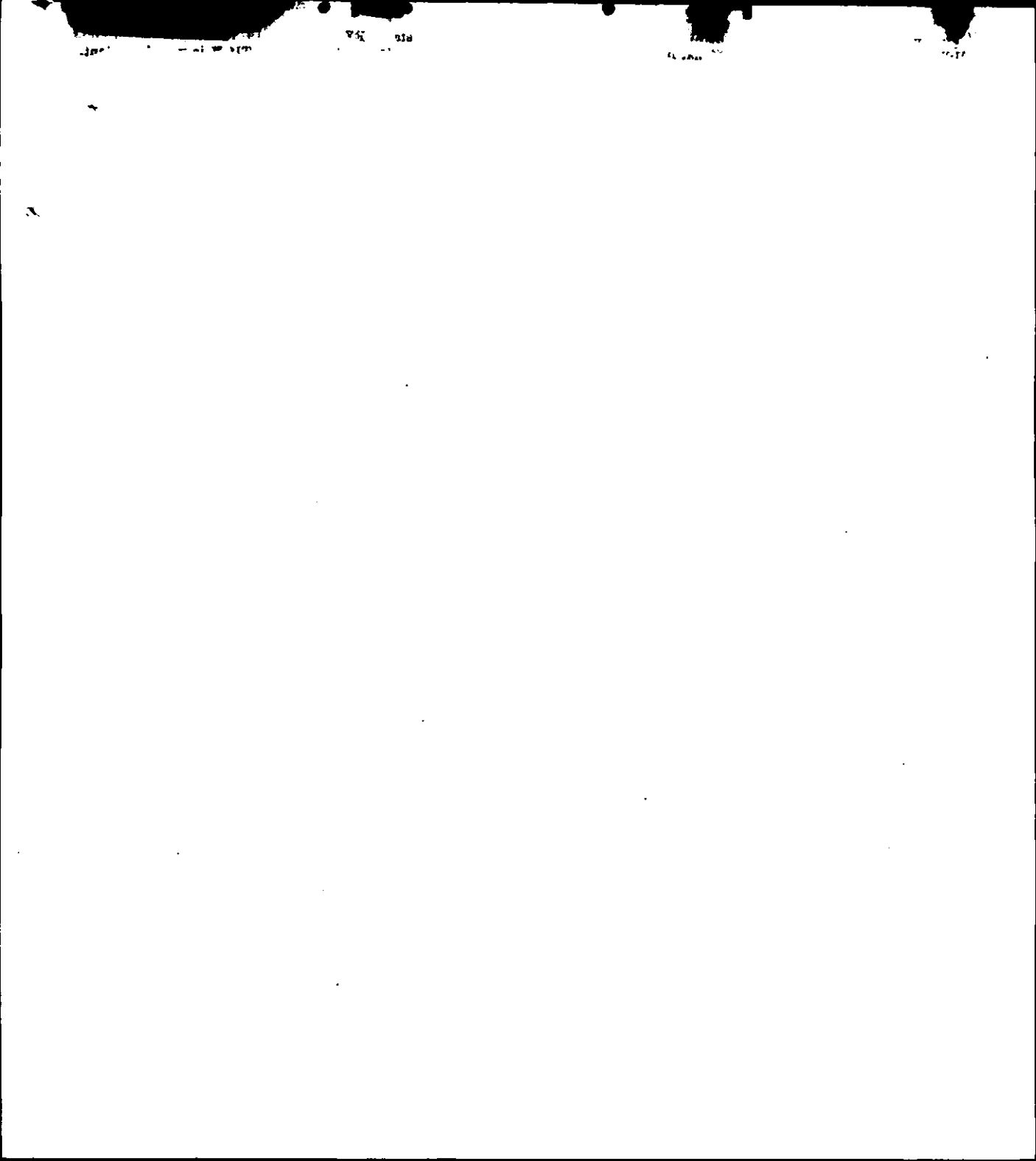
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Arrow Rock, Mo Apr 9 1930

20. UNDERTAKER ADDRESS

J. L. Hursey Marshall, Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHASE OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

WRITE PLAIN LETTERS WITH UNFADING INK--THIS IS A PERMANENT RECORD

5. Every item of information should be stated EXACTLY. PREFERENCE should be given to the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH		Registration District No.		File No.	
County	Copper	217			
Township	Lansing	3308		Registered No.	
City		(No.)		St. Ward	
2. FULL NAME John Y. 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		Yrs.	Mos.	da.	How long in U.S., if of foreign birth? Yrs. Mos. da.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)			
M	W	M			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(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)					
10. NAME OF FATHER					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)					
12. MAIDEN NAME OF MOTHER					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)					
14. INFORMANT (Address)					
15. FILED 4-9-30 J. J. Hickey REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1933					
17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at m.					
THE CAUSE OF DEATH* WAS AS FOLLOWS:					
(duration) Yrs. Mos. da.					
CONTRIBUTORY (SECONDARY) (duration) Yrs. Mos. da.					
18. WHERE WAS DISEASE CONTRACTED					
IF NOT AT PLACE OF DEATH: DATE OF					
DID AN OPERATION PRECEDE DEATH? DATE OF					
WAS THERE AN AUTOPSY?					
WHAT TEST CONFIRMED DIAGNOSIS?					
(Signed) , M. D.					
, 19 (Address)					
*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	
				19	
20. UNDERTAKER				ADDRESS	

S-12103