AUG 20 1930

14

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

Do not use this space.

22141

1. PLACE OF DEATH

County: Callaway — Registration District No.: 104

Township: Nine Mile — Primary Registration District No.: ~~3004~~

City: ..... (No. ..... 5164 ..... St. ..... Ward)

File No.: .....

Registered No.: 172

2. FULL NAME Samuel Attaway 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-18-1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	3	7	

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) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Simon R. Davis

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

12. MAIDEN NAME OF MOTHER Ann Darby

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

14. INFORMANT Norman Davis
(Address) Mineola, Mo.

15. Filed July 26 1930 R. N. Creitz
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Unwell Died July 7-25 1930 to Treated him for rheumatism one year ago 19..... that I last saw h... alive on ..... 19..... and that death occurred, on the date stated above, at ..... THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease 924
57
57B (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Rheumatism (duration) 1 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? inspection & history

(Signed) R. G. Hall, M. D.

Address R. G. Hall, M.D. Coroner Callaway Co. Mo. Fulton 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: Hillcrest Cemetery — DATE OF BURIAL: July 27 1930

20. UNDERTAKER: Leo G Wallace — ADDRESS: Fulton 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.