

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

Do not use this space.

38675

**1. PLACE OF DEATH**

County..... Butler ..... Registration District No. 88  
Township..... Neely ..... Primary Registration District No. 4054  
City..... Reelyville, Missouri ..... St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Dr William Beverly Davis

(a) Residence. No. Reelyville, Missouri 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 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 Martha Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15th 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... mls.
<u>73</u>	<u>4</u>	<u>11</u>		

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Buffalo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Martha Hale

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

14. INFORMANT LeRoy Davis  
(Address) \_\_\_\_\_

15. FILED 12, 25, 1930 R. T. Turner  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1930, to Dec. 24, 1930 that I last saw him alive on Dec. 24, 1930, and that death occurred, on the date stated above, at 5 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial  
infarction  
1324

(duration) ..... yrs. .... mos. 15 ds.  
CONTRIBUTORY (SECONDARY) Nephritis  
(duration) ..... yrs. 8 mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) H. L. Brandon M. D.

12/26, 1930 (Address) Reelyville Bluff

\*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

Neelyville Cemetery 12/28/30 19

20. UNDERTAKER ADDRESS

Greer Hdertaking Company

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.

JAN 10 1931

