

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

Do not use this space.

1011

1. PLACE OF DEATH  
 County Harrison Registration District No. 334  
 Township Bethany Primary Registration District No. 4197  
 City Bethany (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James William 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.

File No. 572  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W.  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor R Davis Decedent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>10</u>	<u>8</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) 237  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

PARENTS

10. NAME OF FATHER George Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know 31

12. MAIDEN NAME OF MOTHER Elizabeth Hardy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Martha Davis  
 (Address) Bethany, Mo.

15. FILED 2/10/31 J. J. Karmel  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to Jan 12, 1931, that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
mitral regurgitation  
 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis  
 (duration) 2 yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) G. L. Wessolwig, M. D.  
1-22 1931 (Address) Bethany 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 <u>Foster Cemetery</u>	DATE OF BURIAL <u>1-25 1931</u>
20. UNDERTAKER <u>S. M. Ross</u>	ADDRESS <u>Bethany Mo.</u>

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

V. S. No. 2.

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.

1931  
 1011  
 572

