

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

Do not use this space.

1801

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No. _____)

Registration District No. 419
Primary Registration District No. 3021

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Harold Lloyd Daves
(a) Residence. No. 611 N. Belmont 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 24 1930</u> | | | | |
| 7. AGE | YEARS <u>X</u> | MONTHS <u>1</u> | DAYS <u>10</u> | IF LESS than 1 day, _____ hrs. or _____ min. |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Webb City, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER

John Daves

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Arkansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dorothy Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri
(STATE OR COUNTRY)

14. INFORMANT

John Daves
(Address) Webb City, Mo.

15. FILED

1/3 1931
R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931
17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1931, to 1-3, 1931, that I last saw him alive on 1-3, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Patent foramen ovale
157C
(duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY (SECONDARY) 157C
(duration) _____ 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? clinical
(Signed) J. T. Lewis, M. D.
1-3 1931 (Address) Webb City, 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

Centerville Cem DATE OF BURIAL 1/4 1931

20. UNDERTAKER

Webb City ADDRESS Webb City

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

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.

49
11
7

