

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

2201

File No. 252
Registered No. 2 St. _____ Ward _____

1. PLACE OF DEATH

County Montgomery Registration District No. 585
Township Clear Lake Primary Registration District No. 5797
City Wellsville

2. FULL NAME

Frank P. 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 10 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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mr. F. P. Davis
7. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 9 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Utah
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Adaway Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia
(STATE OR COUNTRY) Alabama
12. MAIDEN NAME OF MOTHER Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY) Alabama

14. INFORMANT Mr. Green Davis
(Address) Wellsburg Mo

15. FILE NO. Jan 23, 1931 Dr. O. S. Hewitt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 17, 1931
that I last saw h. _____ alive on Jan 16, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spontaneous
97A
97
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Asthenic sclerosis
(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS 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? Microscopic
(Signed) W. S. Quince M. D.
1-21-1931 (Address) Wellsburg 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 Mexico Mo. DATE OF BURIAL 1-23-1931

20. UNDERTAKER A. B. Wells ADDRESS Wellsville 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.

20 1931

