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

Do not use this space.

21240

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township Leesville — Primary Registration District No. 550 1A
City Coal R.D. (No. ..... St. ..... Ward) — File No. ..... Registered No. 77

2. FULL NAME Wm B. Davis

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF ~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not able to work 191

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo

FATHER

13. NAME Ephraim Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

MOTHER

15. MAIDEN NAME Samantha Parsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) J. W. Eppler Coal Mo RD

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Frisco Mo DATE ..... 19....

19. UNDERTAKER Davis Undertaking Co
(ADDRESS) Warsaw Mo

20. FILED 7/3 ....., 1931 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1931, to 6/30, 1931
I last saw him alive on 6/29, 1931. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Prostration	
I only saw this man one time. His previous history unknown to me. No other data	

Other contributory causes of importance:
Complicated

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ~ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ~
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. C. Peelor, M. D.
(Address) Clinton 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.

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

JUL 24 1931