

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

Do not use this space.

25453

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3022
 City Warrensburg, (No.) St. Ward (No.)

2. FULL NAME George Davis

(a) Residence, No. 514 N Water St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Halley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 14. 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Warrensburg, Mo

13. NAME Henry Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

15. MAIDEN NAME Jennie Rothwell

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

17. INFORMANT (ADDRESS) Minnie Halley
Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg DATE July, 5 1931

19. UNDERTAKER (ADDRESS) S. R. Sweeney
Warrensburg, Mo

20. FILED July 3 19 31 Wm. Patterson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 2. 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 3 A.m.
 The principal cause of death and related causes of importance were as follows:

Probably heart trouble. Was not seen by a doctor until after death.

Other contributory causes of importance:
Heart was a probable cause

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) O. B. Hall M. D.
 (Address) Warrensburg, Mo.

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.

JUL 5 1931

