

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

Do not use this space.

25687

1. PLACE OF DEATH

County Montgomery Registration District No. 5-73
Township Willoughby Primary Registration District No. 7337
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

John Dudley Davis
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-3 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist
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) Sept 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Thomas H. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret Palmer

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

17. INFORMANT Mrs. Davis (ADDRESS) Wagoner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE July 3 1931

19. UNDERTAKER (ADDRESS) Wagoner Mo

20. FILED July 3 1931 G. S. Wilson 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 me 1931, to July 2, 1931.
I last saw him alive on June 27, 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:

Arteriosclerosis Date of onset

Other contributory causes of importance:

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

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) G. S. Wilson, M. D.
(Address) Wagoner 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.

SEP 24 1931

