

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

Do not use this space.

35372

1. PLACE OF DEATH

County Rock
Township Union
City _____

Registration District No. 700
Primary Registration District No. 6249

File No. 20
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Isaac 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 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 <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Core E. Davis</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1867</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
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) <u>Don't know</u>			
13. NAME <u>Isaac Davis</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
15. MAIDEN NAME <u>Don't know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT (ADDRESS) <u>Louise Davis Aldrich, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Ridge, Mo</u>			
19. UNDERTAKER (ADDRESS) <u>Will Max Sedleville, Mo</u>			
20. FILED <u>Oct 3 1931 E E Moore</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Oct 1, 1931
I last saw him alive on Oct 1, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma
46B
Other contributory causes of importance: _____

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **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** _____, 1931
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) W. G. Moore, M. D.
(Address) Aldrich, Mo,

Date of onset
6/10/1931

WHITE 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.

