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

Do not use this space.

5115

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME Hiram Davis
(a) Residence. No. 1620 Main St., Ward. Galena Kan
(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.

MAR 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Nancy Ellen Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22 - 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
87	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery 137
(c) Name of employer 108

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

PARENTS
10. NAME OF FATHER John Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Charlotte Sears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

14. INFORMANT Arthur Davis
(Address) Galena Kan

15. FILED 2/21 1932 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to Feb 19, 1932, that I last saw him alive on Feb 19, 1932, and that death occurred, on the date stated above, at 4.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of prostate
Had suffered death this
about
(1) (duration) 35 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Freeman (Hosp.)
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Jan 22 1932 + Feb 9 1932
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul W. Walker, M. D.
, 1932 (Address) 316 Frisco Bldg. Joplin 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	DATE OF BURIAL
Galena Kan.	Feb 22 1932
20. UNDERTAKER	ADDRESS
Boice Und. Co.	Galena Ks