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.

APR 25 1932

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

Do not use this space.

7420

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 216

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William David Davis,

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

Length of residence in city or town where death occurred yrs. mos. 2 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) Jan'v. 12, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,

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) DeKalb, Missouri,

FATHER

13. NAME Francis O. Davis,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Missouri,

MOTHER

15. MAIDEN NAME Marcelene Cloos,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri,

17. INFORMANT (ADDRESS) Francis O. Davis DeKalb, Missouri

18. BURIAL, CREMATION, OR REMOVAL Sugar Creek Cem
PLACE ~~DeKalb, Mo.~~ DATE March 5th, 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGale & Bowman 319 S. 10th St. Funeral Home

20. FILED 3-5- 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/3/32, 19 to 3/4/32, 19

I last saw her alive on 3/4/32, 19 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcic peritonitis — Date of onset 2/26/32

124 B29

Other contributory causes of importance: ✓

(1)

Name of operation none Date of

What test confirmed diagnosis? autopsy 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? no

If so, specify

(Signed) C H Wallace Jr, M. D.

(Address) 301 N 8 St Joseph Mo