

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.

19129-2

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

Do not use this space.

Dr. M...
19129-32

1. PLACE OF DEATH
County Douglas Registration District No. 272
Township Bohler Primary Registration District No. 5384
City Law (No. PR 2) St. _____ Ward _____

2. FULL NAME John P. Davis
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-185

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>11</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Farmer

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) June 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill. 67
Pennsylvania

FATHER

13. NAME John Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) M. B. Davis (Sister)
Shawnee Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE June 11, 1932

19. UNDERTAKER (ADDRESS) W. H. Steff
Manassett Mo

20. FILED 11/15 1932 Edman
Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY That I attended deceased from March, 1922 to June, 1932
I last saw him alive on June 21, 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Acute Heart Failure Date of onset 7

Other contributory causes of importance:
Chronic myocarditis

Name of operation None 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? No
If so, specify _____
(Signed) M. C. Gentry, M. D.
(Address) Cloud Mo.

