

WRITE 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.

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

Do not use this space.

1339

85

376

1. PLACE OF DEATH

County Buchanan  
Township St Joseph  
City St Joseph (No. State Hospital #2.)

Registration District No. 1001  
Primary Registration District No. 1001  
State Hospital #2.

File No. 132  
Registered No. 132  
St.          Ward)         

2. FULL NAME

Robert C. Davis

(a) Residence, No. Valentine Apts St Joseph Mo St. Ward.           
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 22, 1897

7. AGE YEARS 35 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst to Co. Highway Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Oil Co.

10. Date deceased last worked in this occupation (month and year), Dec, 1932 (month and year) 2 yrs. occupation Collins

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER 13. NAME Dr. W. B. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co, Mo.

MOTHER 15. MAIDEN NAME Dora Pullins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co, Mo.

17. INFORMANT F. Claude Davis (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Feb, 1, 1933,

19. UNDERTAKER Walter Heinicke (ADDRESS) 1302 Faron St., St. Joseph, Mo.

20. FILED 2-1-33, 19          John H. Kendra Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30th, 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 20th, 1933, to Jan 30th, 1933. I last saw him alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 10:25 a.m.

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

Bronchitis Pneumonia Date of onset 3 days

107A  
75B  
107A

Other contributory causes of importance:

Alcoholism

23. Name of operation no 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         , 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) J. R. Denech, M. D. (Address) State Hosp # 2

