

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.

SEEED

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

Do not use this space.

1. PLACE OF DEATH
 County ADAIR Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City KIRKSVILLE MO. (No. _____, _____ St. _____ Ward _____)

2. FULL NAME LUTHEREEE SWORTH DAVIS
 (a) Residence, No. MILLARD MO 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.

8360

File No. _____
 Registered No. 59

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 LETHA DAVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 9th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 14

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN

10. Date deceased last worked at this occupation (month and year) MARCH 18th 1933 11. Total time (years) spent in this occupation. 40 YEARS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCHYLER CO MO

13. NAME ABRAHAM DAVIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE CO OHIO

15. MAIDEN NAME CYNTHIA ANN LUCAS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE CO OHIO

17. INFORMANT (ADDRESS) LETHA E DAVIS

18. BURIAL, CREMATION, OR REMOVAL PLACE GLENWOOD MO DATE 3-25-33

19. UNDERTAKER (ADDRESS) James B. Walker

20. FILED Mar 27 1933 Mrs C. A. Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1931 to Mar. 23rd 1933
 I last saw him alive on March 23rd 1933 Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza and pneumonia
(Cobal) 100
105
189
 Other contributory causes of importance:
Chr. Cholecystitis and Gastritis - nephritis

Name of operation removal Date of _____
 What test confirmed diagnosis? Clinical and lab 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? _____
 If so, specify _____
 (Signed) Geo. F. Sward, M. D.
 (Address) 104 1/2 N. Franklin Kirksville

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