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.

NOV 10 1933

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

Do not use this space.

33588

1. PLACE OF DEATH

County Lewis — Registration District No. 477 — File No.

Township Canton — Primary Registration District No. 4286 — Registered No. 45

City Canton, Mo. (No. , St. Ward)

2. FULL NAME George Edward Davis

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

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.

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: Lillie Hawk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 1867

7. AGE: YEARS 66 — MONTHS 2 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Freight Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for Burlington Railroad
10. Date deceased last worked at this occupation (month and year): Aug 1
11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton, Mo. Lewis County

FATHER

13. NAME: B. H. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Susan Kidwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Lillie Davis (Wife)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove DATE Oct. 17 1933

19. UNDERTAKER (ADDRESS): F. D. Kelly - Canton, Mo.

20. FILED Oct. 17 1933 H. W. Harris M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1933, to Oct. 15, 1933

I last saw him alive on Oct. 15, 1933. Death is said to have occurred on the date stated above, at 5:15 P.m.

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

Myocarditis & Chronic Bronchitis

93D

1068

93D

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Examination 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) H. W. Harris, M. D.

(Address) Canton Mo.