

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

Do not use this space.

34079

1. PLACE OF DEATH

County Phelps

Registration District No. 678

Township St James Mo

Primary Registration District No. 4404

City St James Mo (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

James A Davis

(a) Residence, No. 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Denton Mo.

13. NAME Allan Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Missouri Scott

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

17. INFORMANT (ADDRESS) J. C. Davis St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville Mo DATE 10/9/1933

19. UNDERTAKER (ADDRESS) Jones & Ten Eyck St James Mo

20. FILED 10-9-1933 Shurp & Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Oct 8 1933

I last saw him alive on Oct 8 1933. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Chronic Interstitial Nephritis Date of onset 1932

Other contributory causes of importance:

Name of operation clinical Date of 7
What test confirmed diagnosis? 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

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) William H. Steen M. D.
(Address) St James Mo

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

OCCUPATION

MOTHER FATHER

