

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

Do not use this space.

37062

**PLACE OF DEATH**

County Lewis  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 477  
Primary Registration District No. 4286

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 22 1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to Nov. 15, 1933.  
I last saw him... alive on Nov. 15, 1933. Death is said to have occurred on the date stated above, at 11-45 a.m.  
The principal cause of death and related causes of importance were as follows:

acute dilatation of heart  
95 B  
95 P 16  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset: Nov. 15-33

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>
	13. NAME <u>Benjamin H. Davis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>
	15. MAIDEN NAME <u>Susan J. Redwell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo.</u>
	17. INFORMANT (ADDRESS) <u>Miss Chas. Menge Clinton Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton</u> DATE <u>Nov. 17</u> , 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>W. H. Kunkley Clinton Mo.</u>	
20. FILED <u>Nov. 16</u> , 19 <u>33</u> <u>H. W. Harrison</u> Registrar.	

Name of operation \_\_\_\_\_ 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) Dr. Earl Curtis P. O. M. D.  
(Address) Clinton 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.

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