

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

Do not use this space.

40882

1. PLACE OF DEATH Nodaway  
 County Polk Registration District No. 620  
 Township Polk Primary Registration District No. 3031  
 City Maryville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME George Fred Davis  
 (a) Residence, No. Maryville 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Davis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1875  
 7. AGE YEARS 58 MONTHS 0 DAYS 20 IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Nodaway Co., Mo.

13. NAME N. G. M. Davis

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

15. MAIDEN NAME Laura Gray

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

17. INFORMANT Mrs Geo Fred Davis  
 (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam DATE Dec. 17 19. \_\_\_\_\_

19. UNDERTAKER Price Furniture Co.  
 (ADDRESS) Maryville, Mo.

20. FILED 12-15 19. 33 Mamie G. Clardy  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to Dec 14, 1933  
 I last saw him alive on Dec 10, 1933 Death is said to have occurred on the date stated above, at 5 p m.  
 The principal cause of death and related causes of importance were as follows:

Spongomyrgia  
 Other contributory causes of importance: 154 B  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 \_\_\_\_\_  
 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) H. M. Hallis Jr, M. D.  
 (Address) Maryville 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.

