

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski Registration District No. 718
 Township Wilson Primary Registration District No. 3-9-98
 City Unionville (No. _____) St. _____ Ward _____

21527

File No. _____

Registered No. _____

2. FULL NAME

Gr a Edgar 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | 9 | 7 | _____

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Barber

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) Jan 1934 11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orleans, Iowa

13. NAME Thomas J Davis

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

15. MAIDEN NAME Millie Bell

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

17. INFORMANT Mrs Ferman Sinclair
 (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE June 16 1934

19. UNDERTAKER Courtesy Mort Co
 (ADDRESS) Unionville Mo

20. FILED June 16 1934 H. W. Gillman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1934, to June 12 1934
 I last saw him alive on June 12 1934. Death is said to have occurred on the date stated above, at 2:30 am.

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

Carcinoma of liver Date of onset 1934
5th
4th

Other contributory causes of importance:
Carcinoma of Kidney 1934
Metastatic Peritonitis
1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? Biopsy 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? No

If so, specify _____
 (Signed) H. W. Gillman M.D.
 (Address) Unionville Mo

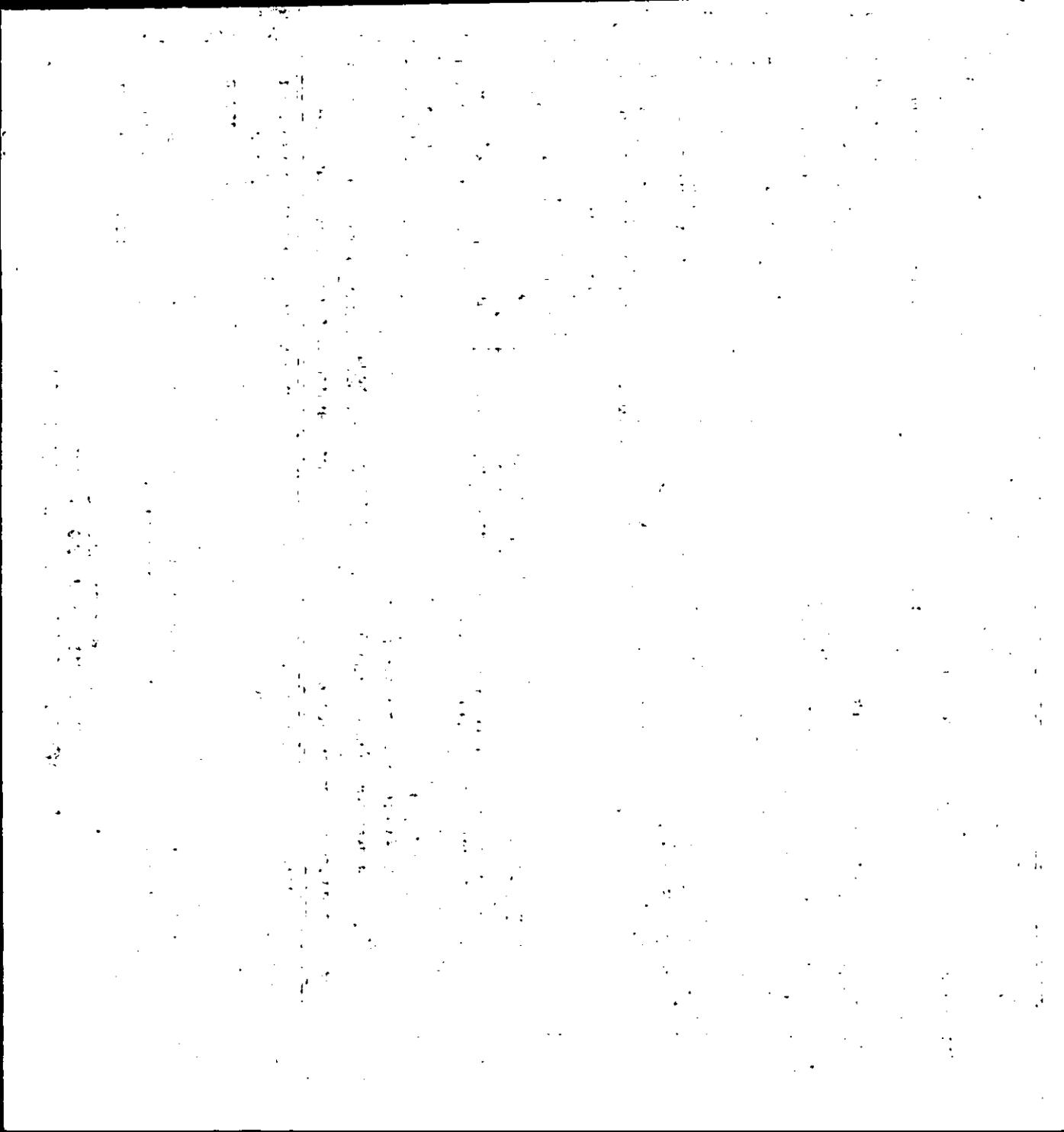
JUL 13 1934

206

2

1

20



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ira Edgar Tarrus
Who died at _____ on June 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 57 Months 9 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 5 Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Carcinoma of liver

Other contributory causes of importance Carcinoma of kidney, Primary
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar M. W. Gillum

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 718 Very truly yours, E. T. McLaugh M.D.
Primary Reg. Dist. No. 5948 Special Agent. S.E.

S 21527