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

Do not use this space.

JAN 10 1935

1. PLACE OF DEATH
County: Cass
Township:
City: Drexel (No. ..... St. ..... Ward)
Registration District No. 151
Primary Registration District No. 4085

File No. 35469
Registered No. 10

2. FULL NAME: Thomas Boyd 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mary Elizabeth Susan Davis.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-7-1854

7. AGE: Years 80 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Genl Farming
(c) Name of employer: Self Etal.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Kiss.

PARENTS
10. NAME OF FATHER: Thos Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): do. do.

14. INFORMANT: H. C. Davis
(Address): Chase, Kans.

15. FILED Oct 15 19..... John S. Bundy REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-12 1934

17. I HEREBY CERTIFY, That I attended deceased from Oct-7 1934, to Oct-12 1934, that I last saw ~~him~~ alive on Oct-12 1934, and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recurrent Cerebral Hemorrhage
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): High Blood Pressure
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) Provost Payne, M. D.
10-12, 1934 (Address) Drexel Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rockville Kans Cemetery — DATE OF BURIAL: Oct-16 1934

20. UNDERTAKER: J. Hayes — ADDRESS: Drexel 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.

WHITE PAPER, WITH CARBONS, MAKES THIS A PERMANENT RECORD