

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

Do not use this space.

NOV 22 1934

37026

1. PLACE OF DEATH *Polt Junction*  
 County *Polk* Registration District No. *0704*  
 Township *Whitcomb* Primary Registration District No. *5933*  
 City *Whitcomb* (No. ....) St. .... Ward ....

2. FULL NAME *Char E 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 24 - 53*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<i>81</i>	<i>4</i>	<i>17</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *str*

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) *Mo*

MOTHER FATHER

13. NAME *Addison L*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Verg*

15. MAIDEN NAME *Susan J Burke*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Verg*

17. INFORMANT *Essie Davis*  
(ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Canon* DATE *Oct 12 1934*

19. UNDERTAKER *Nitchison Blue*  
(ADDRESS) *Bolivar*

20. FILED *11/16* 19 *34* *Char E Davis*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 11 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Search* 19 *34* to *Oct 11* 19 *34*  
 I last saw him alive on *Oct 1* 19 *34* Death is said to have occurred on the date stated above, at *2:40* m.  
 The principal cause of death and related causes of importance were as follows:  
*17*  
*arteriosclerosis*

Other contributory causes of importance: *97*

Name of operation .....

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? .....

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) *A. J. Starnes*, M. D.  
 (Address) *St. Louis, Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

