

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

Do not use this space.

40323

DEC 1 9 1934

1. PLACE OF DEATH

County Phelps
Township R. 1st
City (No.)

Registration District No. 677
Primary Registration District No. 5901

File No.
Registered No. 122

2. FULL NAME Henry Davis Jr.
(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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day 23 hrs. or min.

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

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) Phelps Co. Mo.

FATHER
13. NAME Henry J. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merx Co. Mo.

MOTHER
15. MAIDEN NAME Cor delia Powell

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

17. INFORMANT Henry J. Davis
(ADDRESS) R. 1st, Phelps Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE Nov. 7, 1934

19. UNDERTAKER Ross Drew
(ADDRESS) Rolla, Mo. R. 1st, D. #3

20. FILED Nov. 1934 Jon. F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934 to Nov. 4, 1934

I last saw him alive on Nov. 4, 1934. Death is said to have occurred on the date stated above, at 12:30 m.

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

Failure to close of the foramen ovale. Date of onset

1570 1570
Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

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.

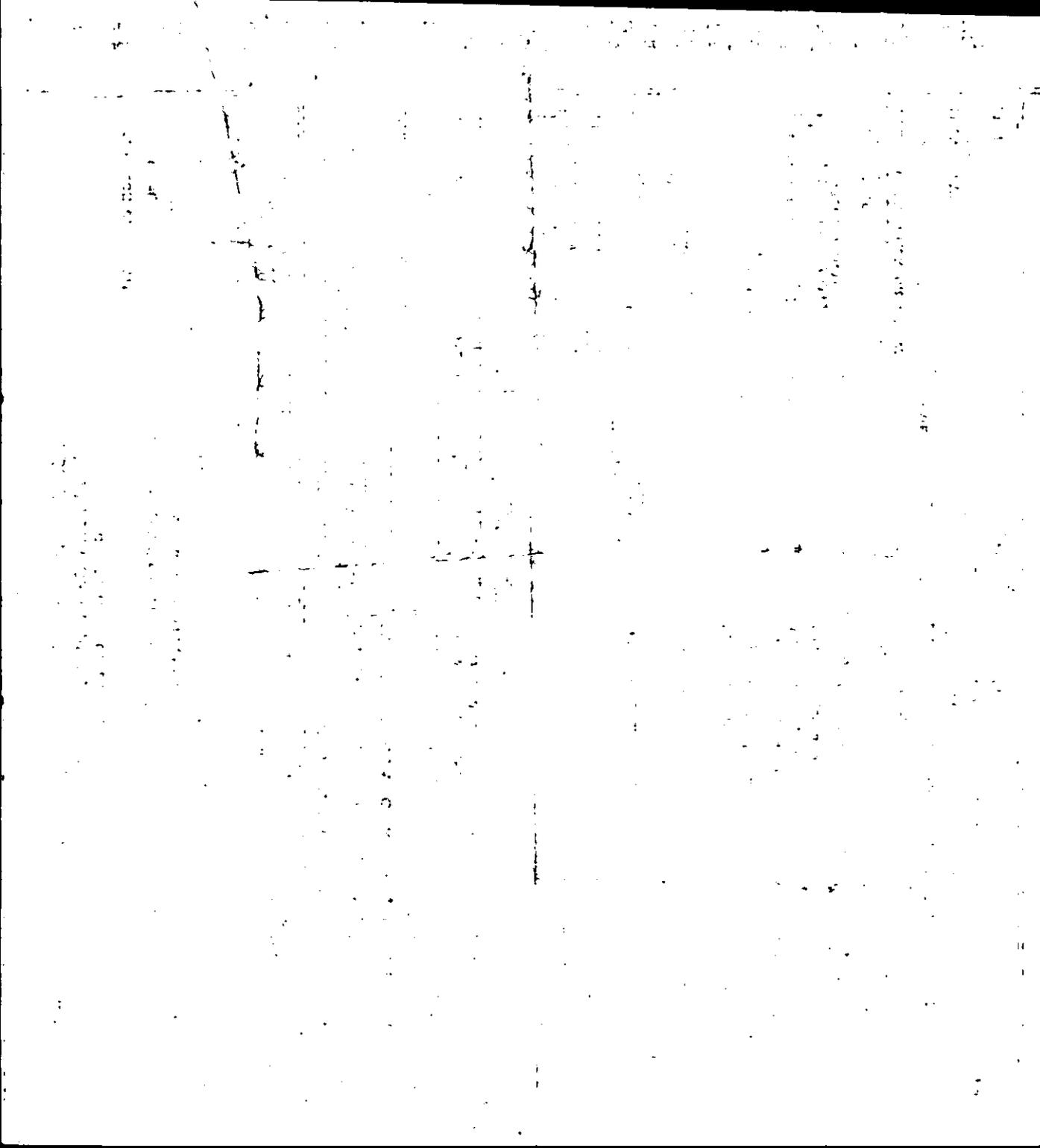
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. W. Harrison, M. D.
(Address) Rolla 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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township.....
City..... (No.....)

Registration District No. 677
Primary Registration District No. 5901

File No.....
Registered No. 122
St..... Ward.....

2. FULL NAME

Henry Dallas Jr

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked in this occupation (month and year).....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER / FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Feb. 9 1935 Joe F. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1934 to Nov. 4 1934

I last saw h. alive on Nov. 4 1934 Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Date of onset

SUPPLEMENTARY

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?.....

If so, specify.....
(Signed) Geo. W. Honan M. D.
(Address) Rolla, MO.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 31 1935

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