

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.

MAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Bullett

Registration District No. 89

4518

Township

Primary Registration District No. 3007

File No.

City Paplar Bluff (No.)

Registered No. 24

2. FULL NAME

William Samuel Davis

(a) Residence, No. Paplar Bluff Mo St. Ward.

(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 OF Myrtle Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1880

7. AGE YEARS 54 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

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

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 1-1935 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Samuel W. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co Penn

15. MAIDEN NAME Mattie Mintes

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

17. INFORMANT L. C. Davis (ADDRESS) Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Co DATE Feb 15 1935

19. UNDERTAKER N. T. Phelton (ADDRESS) Paplar Bluff Mo

20. FILED 7/18/35 1935 A. C. Pittinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935, to Feb 14 1935. I last saw him alive on Feb 14 1935. Death is said to have occurred on the date stated above, at 8:16 a.m.

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

Peritonitis acute general Date of onset 2-1-35

Other contributory causes of importance: 12/15
Appendicitis suppurative perforated 1-26-35

Name of operation incision & drainage of abscess Date of 2-2-35

What test confirmed diagnosis? inspection 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) B. J. Macarley M. D.

(Address) Paplar Bluff Mo

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