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

Do not use this space.

APR 1 6 1935

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No. 8460

2 Township ~~Fishing Bowen~~ — Primary Registration District No. 3011 — Registered No.

4 City Excelsior Spgs (No. Excelsior Springs Sanitarium St. ..... Ward)

2. FULL NAME Austin Davis

(a) Residence, No. 619 Augusta St., ... Ward. ~~[illegible]~~ (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: 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: Cora Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9 1876

7. AGE: YEARS 59 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas-Heat Forman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Power Light Co.
10. Date deceased last worked at this occupation (month and year) Jan 1935
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo

FATHER

13. NAME Frank M. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME Lily N Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Cora Davis

18. BURIAL, CREMATION, OR REMOVAL: Crown Hill Mausoleum PLACE DATE 3-5 1935

19. UNDERTAKER (ADDRESS): John C. Prather Excelsior Springs Mo

20. FILED 3-4 1935 Mrs Rea McCrandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1935, to March 3 1935

I last saw him alive on March 3 1935 Death is said to have occurred on the date stated above, at 12:15 a.m. - 3/4/35

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

Date of onset

Carcinoma of Stomach

46

Other contributory causes of importance:

Name of operation Exploratory at Rochester Minn. Date of 2-8-35

What test confirmed diagnosis? Exploratory 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) J. E. Musgrave, M. D.

(Address) Excelsior Springs Mo

APR 5 1948
APR 1 1948