

APR - 27 1935

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

Do not use this space.

9991

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 167
 Township _____ Primary Registration District No. 41363 Registered No. _____
 City Neosho (No. SALE HOSPITAL) St. _____ Ward _____

2. FULL NAME

William P Davis
 (a) Residence, No. W. McCORD St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 17 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 Margaret Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 26

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) Springfield Missouri

13. NAME Wm P Davis

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

15. MAIDEN NAME Harriett McFarland

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

17. INFORMANT (ADDRESS) Mrs Margaret Davis Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES Springfield Mo DATE 3-13 1935

19. UNDERTAKER (ADDRESS) B. Harris Neosho Mo

20. FILED 3-12 1935 Dr. E. M. Roseberry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6 1935 to March 12 1935

I last saw him alive on March 12 1935 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Lobar Pneumonia

(Gift)
708

Date of onset

3/1
1935

Other contributory causes of importance:

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 _____, 1935

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) Chas. Sale, M. D.

(Address) Neosho 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.

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

