

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.

JUL 29 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Webster*

Registration District No. *901*

File No. *21974*

Township *West Benton*

Primary Registration District No. *6209*

Registered No. *12*

City *112*

(No. _____)

St. _____

Ward _____

2. FULL NAME *John Monroe Davis*

(a) Residence No. _____

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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 3, 1865*

7. AGE

YEARS *70*

MONTHS *0*

DAYS *1*

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 at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co. Mo.*

FATHER

13. NAME *Reuben Davis*

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

MOTHER

15. MAIDEN NAME *Owens*

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

17. INFORMANT *Mrs. Grace Haden*

(ADDRESS) *Cockeville Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Palmetto Cem.*

DATE *June 5, 1935*

19. UNDERTAKER *Kelley and Ferrell*

(ADDRESS) *Repairville Mo.*

20. FILED *June 6*

19 *35*

Nellie Atkins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *May 18th, 1935, to June 4th, 1935*

I last saw *alive on June 3rd, 1935* Death is said to have occurred on the date stated above, at *12:15 A.M.*

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

Mitral Regurgitation

Date of onset

Other contributory causes of importance

Chronic Nephritis, Interstitial

Name of operation

Date of

What test confirmed diagnosis?

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) *H. Wise*

M. D.

(Address) *Sparta Mo.*

