

OCT 18 1935

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

Do not use this space.

28901

1. PLACE OF DEATH

County Richland Registration District No. 275Township Angary Primary Registration District No. 5170BCity Richland (No. St. Ward)2. FULL NAME Charles E. Davis

(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 4 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 OFBertha Davis

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

Sept 7 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

63078. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.farmer9. 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)Sept 12 / 193511. Total time (years)
spent in this
occupationLife

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Gentrybo, Mo.

13. NAME

Jim Davis

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

15. MAIDEN NAME

Mary Williams

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

17. INFORMANT

(ADDRESS)

Bertha DavisRichland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Albany

DATE

Sept 1135

19. UNDERTAKER

(ADDRESS)

W. E. HalmanLebanon Mo

20. FILED

Sept 15 1935W. O. Probst

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9/14 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept 14 1935 to Sept 14 1935I last saw him alive on Sept 14 1935. Death is saidto have occurred on the date stated above, at 3 a. m.

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

Cerebral apoplexy 9.14/1935

Date of onset

Other contributory causes of importance:

unknown

Name of operator

None

Date of

What test confirmed diagnosis? 2nd slide. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Oratt A. Oliver, M. D.

(Address)

Richland Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE amount of stated EXACTLY. PHYSICIANS should state

P. A. G. in