APR 24 1936

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

Do not use this space.

12057

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3834 — Registered No. 58
City Moberly (No. Wabash Hospital St. 2 Ward)

2. FULL NAME William O. Davis
(a) Residence, No. S. Williams St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 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 Eunice Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th 1869
7. AGE YEARS 66 MONTHS 11 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dispatcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash
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) Mo

FATHER
13. NAME Benjamin Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sallie Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. W. O. Davis Moberly, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Mch 13th 1936
19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo
20. FILED 3/13 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 11th 1936
22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 11, 1936
I last saw h.l.a. alive on March 11, 1936. Death is said to have occurred on the date stated above, at 11 50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, with left hemiplegia	Jan 1936

Other contributory causes of importance: 22 25

Name of operation none Date of —
What test confirmed diagnosis? C & L 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) Max E. Kaiser, M. D.
(Address) Wabash Employees Hospital Moberly, 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.