

MAY 18 1936

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

Do not use this space.

14095

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph Mo (No. ....)

File No. ....  
Registered No. 491 Ward)

2. FULL NAME

Ralph Davis

(a) Residence, No. 212 Brush Creek N.E. Mo Ward. 212 Brush Creek  
(Usual place of abode) (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. NO

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Ralph Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1883

7. AGE YEARS 53 MONTHS Unknown DAYS Unknown IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Horseman  
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) Swartz Springs Mo

FATHER 13. NAME John Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) State Hospital no 2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Swartz Springs Mo DATE April 2 1936

19. UNDERTAKER (ADDRESS) Jesse H. A. Sweet Swartz Springs Mo

20. FILED 4-1- 1936 Jessie K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1934 to Apr 1 1936  
I last saw him alive on Mar 31 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Gen Paralysis of Insane Date of onset Indefinite

Other contributory causes of importance: Fracture Hip 1927-35

Name of operation Real unting fracture Date of .....  
What test confirmed diagnosis? Clinical 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? On road State Hosp #2 St Joseph Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Fracture Surgical Neck Right Femur

Manner of injury Pushed by patient of the vent  
Nature of injury to another person falling on concrete floor

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify J. B. Miles (Signed) ..... M. D.  
(Address) State Hosp no 2

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.

