

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

Do not use this space.

AUG 21 1936

27143

1. PLACE OF DEATH

County Laclede Registration District No. 449  
Township Washington Primary Registration District No. 358  
City Lebanon (No. 4219 St.                      Ward                     )

File No.                       
Registered No.                     

2. FULL NAME WILLIAM HARVEY 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Martha J. Roper Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ill. (STATE OR COUNTRY)

13. NAME Eshram Davis

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

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE July 5, 1936

19. UNDERTAKER W. E. Holman (ADDRESS) Lebanon, Mo.

20. FILED 7-17-36 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1936, to 7/1, 1936  
I last saw him alive on 7/1, 1936. Death is said to have occurred on the date stated above, at                      m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7/1/36

822-1

Other contributory causes of importance:                     

Name of operation none Date of                       
What test confirmed diagnosis? Physical exam Was there an autopsy? yes

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) P. Thompson, M. D.  
(Address) Lebanon, 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.

