

SEP 18 1936

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

Do not use this space.

29964

## 1. PLACE OF DEATH

County Suchanan,Registration District No. 85Township St. Joseph,Primary Registration District No. 1001City St. Joseph,(No. St. Joseph's Hospital,File No. 1068Registered No. 1068St.                      Ward                     2. FULL NAME Jasper Wiley Davis,(a) Residence, No. 922 North 5th, St.,                      Ward.                     

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs.                      mos.                      ds. How long in U. S., if of foreign birth?                      yrs.                      mos.                      ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (*write the word*)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJuanita Davis,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.271121

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laborer,9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.General10. Date deceased last worked at  
this occupation (month and  
year) August 193611. Total time (years)  
spent in this  
occupation 512. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Maryville,  
Missouri,

13. NAME

Jess Davis,14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Oxford,  
Missouri,

15. MAIDEN NAME

Jane Seals,16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Centerville,  
Iowa

17. INFORMANT

(ADDRESS) Mrs. J. H. Davis  
922 North 5th, St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maryville, Mo. DATE August 16, 1936

19. UNDERTAKER

(ADDRESS) Heston Byrhol & Bowman  
319 So. 10th St. St. Joseph, Mo.

20. FILED

Aug 16, 1936 J. W. Nettleton  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

8/15, 1936, to 8/16, 1936I last saw him alive on 8/16, 1936. Death is saidto 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:

Heart Prostration Date of onset 8/17/361/11Other contributory causes of importance:                     Name of operation                      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?                      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) J. W. Nettleton, M. D.(Address) 2624 St. Joseph Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

