

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

Do not use this space.

30627

SEP 21 1936

**1. PLACE OF DEATH**

County Greene  
Township Campbell  
City Stratford

Registration District No. 318  
Primary Registration District No. R# 39

File No. \_\_\_\_\_  
Registered No. 676  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. Stratford Mo. R# 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1868

7. AGE YEARS 71 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER 13. NAME Jacob Davis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Delbert H. Davis Stratford Mo. R#

18. BURIAL, CREMATION, OR REMOVAL PLACE Asa'sville DATE Aug 6

19. UNDERTAKER (ADDRESS) Dr. W. K. Kingler & Co. Springfield Mo.

20. FILED 8-6-36 BY Chas A George Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936 to Aug 4, 1936

I last saw him alive on Aug 4, 1936 Death is said to have occurred on the date stated above, at 6:30 m.

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

traumatic  
fracture of femur  
1914

Date of onset

Other contributory causes of importance:

injury to right side Aug 2 1936  
eye

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? accident Date of injury Aug 2 1936  
Where did injury occur? on his farm  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury injury occurred while using crossbar  
Nature of injury in pit hole - struck self in side

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) H. T. Scherer, M. D.

(Address) 318 1/2 Olive St

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

