

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township
City Chaffee (No.) St. Ward)

Registration District No. 816
Primary Registration District No. 4492

File No. 47285
Registered No. 79

2. FULL NAME Presley W. Davis

(a) Residence, No. St. Ward. Swinton, Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 0 mos. 5 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 I Sa Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>2</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former (Retired)

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) Cincinnati
(STATE OR COUNTRY) Ohio

13. NAME Alfred Davis

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

15. MAIDEN NAME Emma Hone

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

17. INFORMANT Mrs. G. D. Sauer
(ADDRESS) Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Point St. Louis Co. Mo. DATE 12/21/36

19. UNDERTAKER Bisplinghoff + Hubbard
(ADDRESS) Chaffee, Mo.

20. FILED 12/20/36 W. D. Sauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936 to Dec 19, 1936
I last saw him alive on Dec 19, 1936. Death is said to have occurred on the date stated above, at 7 1/2 m.
The principal cause of death and related causes of importance were as follows:

Acute Respiratory Infection Date of onset Dec 19 1936
Ch. Bronchitis
Spontaneous Aneurysm
Senility

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis None 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) W. D. Sauer, M. D.
(Address) Chaffee, Mo.

