

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.

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

Do not use this space.

FEB 16 1937

324

1. PLACE OF DEATH

County Butler
Township Beardsdam
City (No. _____) _____ (Ward _____)

Registration District No. 87
Primary Registration District No. 5129

File No. _____
Registered No. 47

2. FULL NAME

Stephen Albert Davis
(a) Residence, No. 1 Mr. S. Beardsdam Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Dec 1-3-35 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Missouri

13. NAME Joseph Davis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Tom Davis (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wiley Cemetery DATE 2-2-1937

19. UNDERTAKER Friends & Neighbors (ADDRESS)

20. FILED 1-31-1937 M. Sappington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1934, to Jan. 31, 1937

I last saw him alive on Dec. 14, 1936 Death is said to have occurred on the date stated above, at 7:00 p. m.

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

apoplexy

Date of onset 1934

Other contributory causes of importance:

hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Ocular 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? _____

If so, specify _____ (Signed) J. L. Turner, _____, M. D.

(Address) Wileyville, Mo.

