

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boonville, Mo. Registration District No. 81
Township Boonville Primary Registration District No. 4049
City Boonville, Mo. (No. Boonville, Mo.) St. Boonville Ward 5

File No. 30113
Registered No. 5

2. FULL NAME George Franklin Davis

(a) Residence, No. Boonville, Mo. St. Boonville Ward 5
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1898

7. AGE YEARS 39 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) May 1, 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

13. NAME Richard C. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

15. MAIDEN NAME Mary Drake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

17. INFORMANT Mrs. W. P. Allison (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE Aug 30th 1937

19. UNDERTAKER Heaton-Berrale & Bowman (ADDRESS) Boonville, Mo. Funeral Home

20. FILED 9/6 1937 J. W. McAdow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 28, 1937
I last saw him alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Angina Pectoris
Arterial Sclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis: heart test 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) E. B. McAdow M. D.

(Address) Boonville, 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.

