OCT 20 1937

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

Do not use this space.

34208

1. PLACE OF DEATH
County: Greene — Registration District No.: 317
Township: Republic — Primary Registration District No.: 4192
City: Republic (No. ?, St., Ward)

File No.
Registered No.

2. FULL NAME: John L. Davis
(a) Residence, No. St., 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14, 1868

7. AGE: Years 69 — Months 4 — Days 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
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) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Jesse R. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Lucinda Pybas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Clyde L. Davis, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn, Spfd. Mo. DATE: Oct. 3, 1937

19. UNDERTAKER (ADDRESS): R. E. Thurman & Co. Republic, Mo.

20. FILED: Oct. 6, 1937 Mrs Bertha Nance, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1937, to Sept. 30, 1937
I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

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) K. C. Mitchell D.O. M.D.
(Address) Republic Mo.

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