46

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township Sisson
City Peace Valley Mo (No. ..... St. ..... Ward)

Registration District No. 388
Primary Registration District No. 55-82

File No. 34387
Registered No. 7

2. FULL NAME Artemus Davis

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

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: Ma
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Opsie M. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13 - 1855

7. AGE: Years 81 | Months 2 | Days | 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.
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): Wayne Co. W. Va.

FATHER
13. NAME: Jas. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

MOTHER
15. MAIDEN NAME: Eliza Kelford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Mrs Daley Corrall, Peace Valley, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn DATE: 2-15- 1937

19. UNDERTAKER (ADDRESS): Robertsons, West Plains, Mo

20. FILED: Sept 16 1937 D R Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-13- 1937

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1936, to Feb 12", 1937
I last saw him alive on Feb. 12", 1937. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Dementia Paralytica

Date of onset

Other contributory causes of importance: 84
Senility

Name of operation: None Date of: —
What test confirmed diagnosis? Symptoms 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) R. H. Sparks, M. D.
(Address) West Plains, Mo.
Sparks