NOV 24 1937

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

Do not use this space.

39084

1. PLACE OF DEATH
County: Webster
Township:
City: Seymour (No. ..... St. ..... Ward)

Registration District No. 897
Primary Registration District No. 4543

File No. 2
Registered No. 1 26

2. FULL NAME Frank J. 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~~ Pearl Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 1878

7. AGE: Years 59 | Months | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) Seneca Mo

FATHER
13. NAME S. B. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME Mary Garrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo

17. INFORMANT (ADDRESS) Mrs Jno. Davis Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Magnic Cemetery DATE 10/20 1937

19. UNDERTAKER (ADDRESS) L. A. Watson Seymour Mo

20. FILED 10/18 1937 R E Monahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a.m.

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

Not known no medical attendant.

Date of onset

Other contributory causes of importance?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) R E Monahan Registrar

(Address) Seymour 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.