DEC 21 1937

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

Do not use this space.

File No. 41697

Registered No.

1. PLACE OF DEATH
County: Laclede
Township:
City: Lebanon (No. ..... St. ..... Ward)
Registration District No. 449
Primary Registration District No. 4267

2. FULL NAME: Roy Harold 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married Couple

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 23-1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
19	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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 COUNTY): Laclede Co Mo

FATHER
13. NAME: Howard Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Laclede Co.

MOTHER
15. MAIDEN NAME: May Busby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Laclede Co Mo.

17. INFORMANT (ADDRESS): Howard Davis Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hough Cemetery DATE: Nov 13 1937

19. UNDERTAKER (ADDRESS): Pabner's Lebanon Mo.

20. FILED 11-12-1937 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937, to Nov. 11, 1937
I last saw him alive on Nov. 11, 1937. Death is said to have occurred on the date stated above, at 12:55 P m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever — Date of onset 10/10/37

Other contributory causes of importance:
Intestinal hemorrhage

Name of operation: none Date of: —
What test confirmed diagnosis? Blood test + physical examination 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) P. Thompson, M. D.
(Address) Lebanon 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.