

JAN 20 1938

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

Do not use this space.

46032

File No. _____
Registered No. 380
St. 1st Ward

1. PLACE OF DEATH

64 County Macon Registration District No. 547
Township Macon Primary Registration District No. 3079
City Hannibal (No. 605, Olive) St. 1st Ward

2. FULL NAME

Charles L. Davis
(a) Residence, No. 605 Olive St. 1st Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 79 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 Belle Hope Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1848

7. AGE YEARS 89 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer M. & T. R. R.

10. Date deceased last worked at this occupation (month and year) April 1915 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) Macon Co. (now Hannibal) (STATE OR COUNTRY) Missouri

13. NAME Benjamin Davis

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) 3

15. MAIDEN NAME Hester Sparks 3

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Chas. A. Davis (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE Dec. 28, 1937

19. UNDERTAKER Ray P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED Dec 28, 1937 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937 to Dec. 25, 1937

I last saw him alive on Dec. 23, 1937 Death is said to have occurred on the date stated above, at 2:10 p.m.

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

Chronic myocarditis Date of onset

Other contributory causes of importance: Senility

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? no

If so, specify _____

(Signed) A. B. Blue, M. D.
(Address) Hannibal, 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.

