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.

REC'D APR 22 1938

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

11889
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township — Primary Registration District No. 3034 — Registered No. 81
(c) City Moberly Mo — (d) Street No. 531 Fisk St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Woodson Davis 120
(a) Residence, No. 531 Fisk St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Nora Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9th 1854
7. AGE: YEARS 83 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Machinist
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash RR.
10. Date deceased last worked at this occupation (month and year) June 1st 1937
11. Total time (years) spent in this occupation 61 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

FATHER
13. NAME Reese Davis 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

MOTHER
15. MAIDEN NAME Belandi Coates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS) Mrs Nora Davis Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Apl. 1st 1938
19. FUNERAL DIRECTOR (ADDRESS) Malian and Son Moberly Mo
20. FILED April 5 1938 Ethel Clutter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31st 1938
22. I HEREBY CERTIFY, That I attended deceased from Coroner, to Case, 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis — Date of onset ?
93 C
Other contributory causes of importance: History of very high blood-pressure ?
Name of operation — Date of —
What test confirmed diagnosis? — 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) T. W. Shrader, Coroner, M. D.
(Address) Moberly, Mo.
66 C

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Frank D. D'Witt, Licensed Embalmer No. 3021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No. 3

working under my personal supervision.

Signed Frank D. D'Witt

Licensed Embalmer No. 3021

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)