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 JUN 8 1938

Feller

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

18287
Do not use this space.

1. PLACE OF DEATH Greene
(a) County ..... Registration District No. 318
(b) Township ..... Primary Registration District No. 2004 Registered No. 426
(c) City Springfield (d) Street No. 2137 Prospect 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 Donald Lee Davis
(a) Residence, No. 2137 Prospect 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 1929
7. AGE YEARS 9 MONTHS 4 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In school
9. Industry or business in which work was done, as saw mill, bank, etc. In home
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) Mo.

FATHER
13. NAME Julian L. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Dorothy Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Julian L. Davis Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE May 25 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED May 25, 1938 Chas. A. George Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4-, 1938, to 5/23/, 1938
I last saw him alive on 5/23/, 1938. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis with Effusion	5/4/38
Rheumatic Pericarditis	

Other contributory causes of importance:

Strepto Coccus Throat Infection with Rheumatism

115

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) C. E. Feller, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Warren D. Noblett #4005, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J B Klingman

Licensed Embalmer No. 3358

P. O. Address Springfield

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

If this body is not embalmed, above space should be left blank.