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REC'D JUL 20 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No. 21927
Township — Primary Registration District No. 4197 — Registered No. 30
City Bethany, Mo. (No. Harrison County Home St. Ward)

2. FULL NAME Ora Davis. Cainsville, Mo. 120
(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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adelia Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 16, 1875.
7. AGE: YEARS 62 — MONTHS 11 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Construction worker
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): June 1928
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison, County Missouri 0

FATHER
13. NAME: Commodore Davis 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison, County Missouri 1

MOTHER
15. MAIDEN NAME: Nancy Ellen Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Arthur Davis Cainsville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Zoar Cemetery DATE June, 3, 1938
19. UNDERTAKER (ADDRESS): E. J. Stoklasa, Cainsville, Mo.
20. FILED 6-4- 1938 A. L. Weisberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1938, to 6-2, 1938
I last saw him alive on 6-2, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-14-38
8221-	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? none 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) W. F. Broyles, M. D.
302 (Address) Bethany 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.