

REC'D AUG 23 1938

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

24892

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township \_\_\_\_\_ Primary Registration District No. 3008 Registered No. 190  
(c) City Fulton (d) Street No. \_\_\_\_\_  
(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

(a) Residence, No. Arthur Davis 120  
St. Louis, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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) Sept 28 - 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
37 37 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. DK.  
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) St. Louis, Missouri

FATHER 13. NAME Samuel Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.

MOTHER 15. MAIDEN NAME Sarah Kaldor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, Ill.

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp Grounds DATE Aug 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Hobbs  
Fulton, Mo

20. FILED Aug 2 1938 R. N. Crewe  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1938, to July 31, 1938  
I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Congestion  
Cerebral Decubiti  
DK  
Date of onset 7/31/38  
Other contributory causes of importance:  
Psychosis with Syphilitic Meningo-encephalitis

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) George T. Wood, M. D.  
106 (Address)

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.

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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