

REGD OCT 27 1938

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

33544
 Do not use this space.

1. PLACE OF DEATH

(a) County Wernson Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City Washington (d) Street No. _____ 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 29 yrs. 4 mos. / ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Davis

(a) Residence, No. State Hospital # 3 St. 12-A
 (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) Oct. 9 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer-song
 9. Industry or business in which work was done, as saw mill, bank, etc. music composer
 10. Date deceased last worked at this occupation (month and year) same 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Salomon Davis

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

MOTHER 15. MAIDEN NAME Lexington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Geo B. Davis West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood DATE Sept 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways Funeral Service Nevada Mo.

20. FILED sep 22 1938 Allen V. Hoays Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 20-1909 19 , to Sept 21 1938

I last saw him alive on 1.1.1938 1938. Death is said

to have occurred on the date stated above, at 10-15 P.M.

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

Arteriosclerosis with myocardial insufficiency Date of onset ?
542

Other contributory causes of importance: Tumor of mediastinal over two years standing

Name of operation: none Date of _____
 What test confirmed diagnosis? Clinical 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. T. O'Neil, M. D.

(Address) Nevada, 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.

SSC

STATE OF NEVADA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 7,
District File Number 7-38-242
Date Filed 1-11-38

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 Allen V. Keay

Licensed Embalmer No. 1963

P. O. Address Nevada

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.

RECEIVED BY DISTRICT HEALTH OFFICER EX.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is *PHYSICIAN*

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

83544
Do not use this space.

ANSWERS TO ALL SPACES
MADE IN RED PENCIL.
PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162
(c) City _____ (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Davis
(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 11 8

OCCUPATION

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

arteriosclerosis with myocardial insufficiency
54

Other contributory causes of importance: *Assess to mediastinal not considered malignant - no metastasis - several years duration - no autopsy*

Name of operation *obtainable* Date of _____ 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) A. P. O'dell, M. D. (Address) Nevada

SUPPLEMENT

S-33544

FILE IN AS
1. CHECK
LAWY.
REPORT
DIA