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 12 1939

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

791
1003

9219
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 2

(b) Township ..... Primary Registration District No. ..... Registered No. 2984

(c) City St. Louis, Missouri. (d) Street No. Missouri Pacific Hospital 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 12 Annan Clay Davis

(a) Residence, No. ..... St. NR Falls City, Nebraska.
(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: Blanche Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1887.

7. AGE: Years 51 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chief Clerk &
9. Industry or business in which work was done, as saw mill, bank, etc.: Supt R. R.
10. Date deceased last worked at this occupation (month and year): March 1939.
11. Total time (years) spent in this occupation: 35yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Balko, Missouri.

FATHER
13. NAME: Preston Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska City, Nebraska.

MOTHER
15. MAIDEN NAME: Nettie Brodrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eddyville, Iowa.

17. INFORMANT (ADDRESS): Mrs. Blanche Davis, Falls City, Nebraska.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCook Nebraska. DATE April 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc., 4700 Washington Blvd.,

20. FILED MAR 30 1939 19 J. D. Bedrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 29, 1939
I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 10.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:
Bleeding peptic Ulcer
Secondary Anemia

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) R. O. Illyes, M. D.
(Address) Missouri Pacific Hospital St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

2984

2984

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 Albert H. Hampe

Licensed Embalmer No. 1861

P. O. Address 4700 Harbinger

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

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