

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.

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

Do not use this space.

1. PLACE OF DEATH

County Henry Co.Registration District No. 347

Township

Primary Registration District No. 3018City Clinton Mo.

(No.)

St.

Ward)

2. FULL NAME

Thomas Van Buren Davis

(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 45 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)

Widowed

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

Hettie Davis

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

APR. 8, 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

83429

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer, Merchant

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)

11. Total time (years) spent in this occupation

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

Not GivenClinton Co Kentucky

FATHER

13. NAME

Absolam Davis

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

Don't knowClinton Co Kentucky

MOTHER

15. MAIDEN NAME

Elizabeth Duwall

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

not givenClinton Co Kentucky

17. INFORMANT (ADDRESS)

Louise Lewis Lowry City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lowry City, Mo.DATE 9/9/39

19. UNDERTAKER (ADDRESS)

A. C. Austin Lowry City, Mo.

20. FILED

9-23-391939D. J. R. Henshaw

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-2193922. I HEREBY CERTIFY, That I attended deceased from 8-14, 1939, to 9-2, 1939I last saw h. / m. alive on 9-2, 1939. Death is saidto have occurred on the date stated above, at 5⁰⁰ p. m.

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

Chronic MyocarditisDate of onset 1939

Other contributory causes of importance:

Chronic muscular colitisAugust 1939

Name of operation

none

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? NoIf so, specify no(Signed) Eugene D. Neerale

M. D.

Address Clinton, Mo.

32481

File No.

Registered No.

RECEIVED

District Health Officer No. 7,

District File Number 7-29-1378

Date Filed 10-1-39