

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 22 1939

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

Do not use this space.

35663

1. PLACE OF DEATH

County Callaway 2  
Township Antwinstle 1  
City Readsville, Mo. (No. 130)

Registration District No. 106  
Primary Registration District No. 5155

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Lewis Davis

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 8 12

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

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) Callaway Co. Mo.

FATHER 13. NAME Francis M. Davis

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

MOTHER 15. MAIDEN NAME Francis Sanders

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

17. INFORMANT P. C. Davis  
(ADDRESS) Readsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Readsville, Mo. DATE Oct. 9, 1939

19. UNDERTAKER Leo G. Wallace  
(ADDRESS) Fulton, Mo.

20. FILED 10-9- 1939 W. L. Williams  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1930 to 1939, to Oct 6, 1939.

I last saw him alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 8:15 p. m.

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

Chronic metastatic followed by kidney failure and heart failure direct cause of death

apoplexy Renal dropsy

Other contributory causes of importance:

Paralysis of bladder and Bushells

Name of operation no 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) L. W. Oberkruger, M. D.

139 (Address) Readsville Mo

