

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

4004
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby **3** Registration District No. 831
 (b) Township Black Creek **0** Primary Registration District No. 6093 Registered No. _____
 (c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Davis
 (a) Residence, No. _____ 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** Negro **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 80

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) no record

FATHER
13. NAME no record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER
15. MAIDEN NAME no record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) no record

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Death Cemetery DATE Jan 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson
Shelbyville, Mo.

20. FILED Jan 20, 1940 Arthur Gae
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1940

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1938 to Jan 18, 1940
 I last saw him alive on Jan 17, 1940 Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Cause undetermined. He had a lot of acetab with no evidence of feet or legs. no evidence of heart or kidney involvement. no enlargement of lungs or spleen.
 Other contributory causes of importance: Probably a malignant condition causing postural destruction.

Date of onset _____

Name of operation none Date of _____
 What test confirmed diagnosis? None 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) H. G. Archer, M. D.
 (Address) Shelbyville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16503

RECEIVED

District Health Officer No. 10

District File Number 2-40-451

Date Filed FEB 17 1940

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.