

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

Do not use this space.

FILED MAR 14 1940

1. PLACE OF DEATH

County Saline Registration District No. 797
Township Miami Primary Registration District No. 6040
City Waverly (No. _____) St. _____ Ward _____

File No. 8268
Registered No. 2

2. FULL NAME

(a) Residence, No. Saline Co. Me. Rural Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 Jones Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 5 16

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

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) Miami Missouri

13. NAME William J. Davis

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

15. MAIDEN NAME Elizabeth Miles

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

17. INFORMANT J. D. Davis Jr
(ADDRESS) Miami Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami Mo DATE Feb. 24 1940

19. UNDERTAKER (ADDRESS) Geo. W. Wilson Miami Mo

20. FILED 2-4 1940 Miss Aubrey Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1940

22. I HEREBY CERTIFY that I attended deceased from Jan 25 1940 to Feb 2 1940

Last saw him alive on Jan 20 1940 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:

Cerebral Date of onset _____

Neurubrosis

Other contributory causes of importance: 2nd
Atter Hollosi

Name of operation _____ Date of _____

What test confirmed diagnosis? Chlor 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 _____ 1940

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? Yes

If so, specify _____ (Signed) W. H. Wilson M. D.

711 (Address) Waverly

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 3-12-40

Geo Wilson

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8268

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 797

Primary Registration District No. 6040

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Miami
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Dunlap Davis

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, married, divorced m

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 2-4-40 (b) Mrs. Geline Hield
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 2
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death
Physician
Underline the cause to which death should be charged statistically.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature S.P. Simmons (M. D. or other)
Address Marshall Date signed

SUPPLEMENTAL

