N. B.—Every item of information should be carefully supplied. AGE should be stated EXA[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI[illegible]nt.

FEB 25 1932

97

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

Do not use this space.

3357

1. PLACE OF DEATH
County Saline
Township Elmwood
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 793
Primary Registration District No. 6036

File No. .....
Registered No. .....

2. FULL NAME Richard Simeon Davis

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1864

7. AGE YEARS 68 MONTHS 7 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Elmwood Saline Co Mo

FATHER
13. NAME Richard B. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER
15. MAIDEN NAME Sarah L Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) G. W. Davis Parker Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah Cemetery DATE Jan 29 1932 Pisgah Mo

19. UNDERTAKER (ADDRESS) Jesse Hovey Sweet Springs Mo

20. FILED Jan 29 1932 Eulalie Steinbrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1931, to Jan 27 1932
I last saw him alive on Jan 27 1932. Death is said to have occurred on the date stated above, at 4+50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrh of Bile Ducts	Nov 1931
Cerebral apoplexy	Jan 1932

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? Clinical 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) G. A. Richart, M. D.
(Address) Blackburn Mo