

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

Do not use this space.

12844

1. PLACE OF DEATH  
County De Kalb  
Township Solk  
City Union Star

Registration District No. 4161  
Primary Registration District No. 267

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME Thomas Ellis Davis

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

Length of residence in city or town where death occurred 25 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
78 1 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Debrew Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Hobson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Olivia Davis  
(Address) Union Star Mo

15. FILED 4/25/33 C. M. Reynolds  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 1933

17. I HEREBY CERTIFY That I attended deceased from June 1 1933 to Apr 23 1933 that I last saw him alive on Apr 23 1933 and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Dilatation of  
Left Ventricle  
9-15 (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Mo  
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) C. M. Reynolds M. D.  
, 19 (Address) Union Star Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star DATE OF BURIAL Apr 26 1933

20. UNDERTAKER A. J. Hayford ADDRESS Keokuk Mo

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.

MAY 22 1933

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2  
2

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