LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.
30450

1. PLACE OF DEATH
County: Barton
Township: Noble
City: ~~Noble~~ (No. ..... St. ..... Ward)

Registration District No. 644
Primary Registration District No. 6244

File No. .....
Registered No. 13

2. FULL NAME: James R. Lee Davis

(a) Residence, No. ..... St., ... 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.

NOV 10 1933

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.

WRITE PLAINLY WITH PEN AND INK. DO NOT USE PENCIL. DO NOT FOLD. KEEP THIS RECORD FLAT.

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: Julia E. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1866

7. AGE: Years 66 Months 10 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
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): Noble Mo

FATHER
13. NAME: William Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkins Co, Ky.

MOTHER
15. MAIDEN NAME: Mary J. Pilard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna

17. INFORMANT (ADDRESS): H. M. Davis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Noble DATE: Sept 8, 1933

19. UNDERTAKER (ADDRESS): Clinkenbeard, Ava, Mo.

20. FILED ..... 19 ..... Arthur [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Sept 6, 1933
I last saw him alive on Sept 6, 1933 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:

Date of onset

Lymphosarcoma of Prostate and Cystitis
82 D
139

Other contributory causes of importance:
1558

Name of operation: 0 Date of: 0
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: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

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1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No.....

City..... (No..... , ... St. ..... Ward)

2. FULL NAME.....

(a) Residence, No..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

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

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19...

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

	Date of onset
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Other contributory causes of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... 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.....

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(Specify city or town, county, and State)

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Manner of injury.....

Nature of injury.....

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If so, specify.....

(Signed)..... , M. D.

(Address).....

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WRITE PLAINLY WITH PERMANENT INK—THIS IS A PERMANENT RECORD