

APR 17 1936

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

Do not use this space.

10003

1. PLACE OF DEATH

County Douglas
Township Burns
City Lawrence (No.)

Registration District No. 272
Primary Registration District No. 5384

File No.
Registered No. 88
St. Ward)

2. FULL NAME Erwin W. Davis

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

Length of residence in city or town where death occurred 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 7 29

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) New York13. NAME Charley Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) E. J. Davis
Lawrence

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ava DATE 3-18 1934

19. UNDERTAKER (ADDRESS) Friends

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 193622. I HEREBY CERTIFY, That I attended deceased from 2:30, 1936 to 3-14, 1936

I last saw ~~him~~ alive on 3-16, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

mitral stenosis

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.....

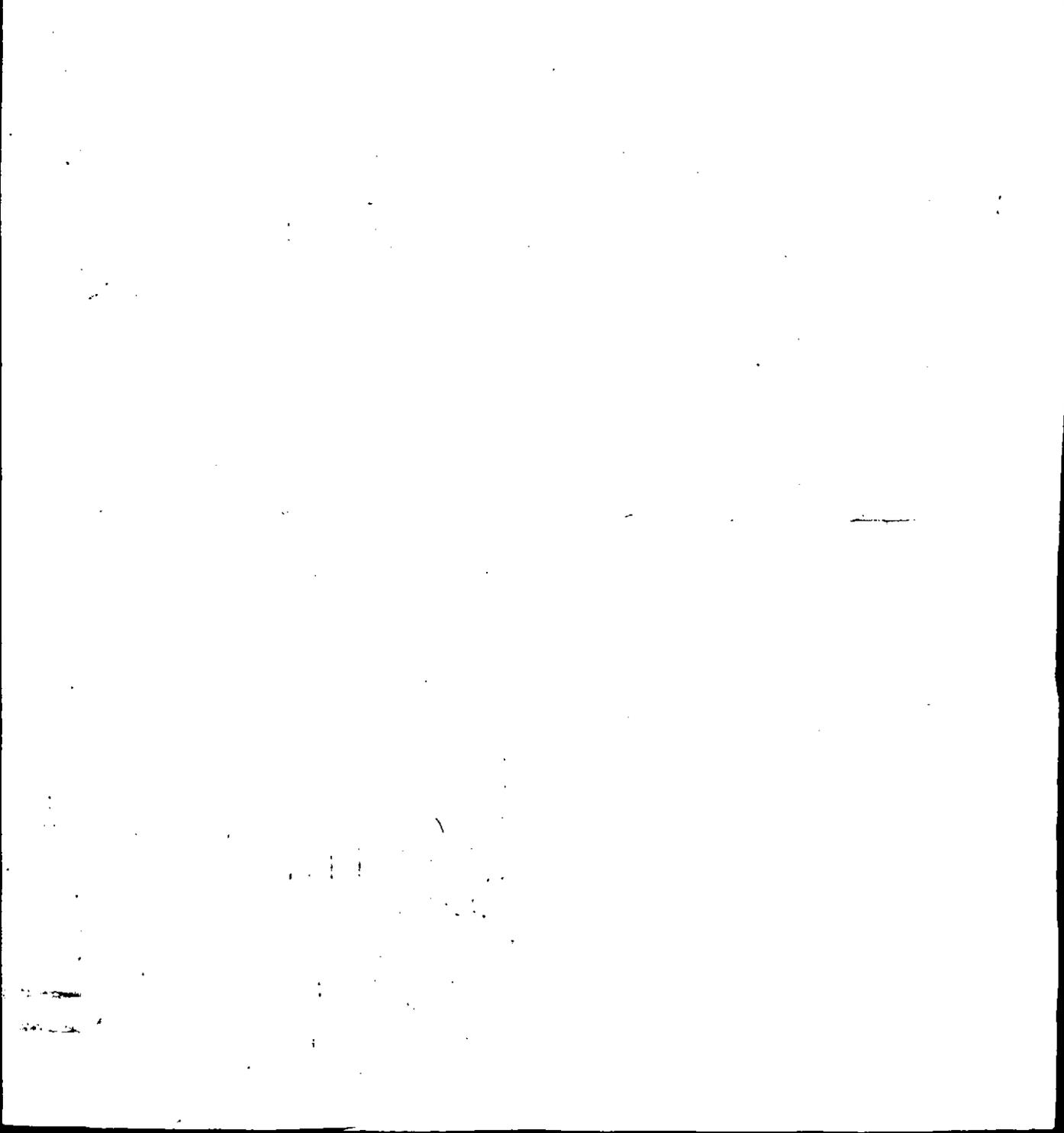
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify mitral stenosis(Signed) J. L. Bentley, M. D.(Address) Lawrence, Mo



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