

JAN 20 1937

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

Do not use this space.

45098

1. PLACE OF DEATH

County Jackson Registration District No. 400  
Township East Prairie Primary Registration District No. 5553B  
City Jackson (No. Jackson County) Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 287

2. FULL NAME

Harry B. Davis  
(a) Residence, No. 240 East 14th 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1879</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock Yards</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>V. B. Co.</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MD</u>		
13. NAME <u>George R. Davis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. G.</u>		
15. MAIDEN NAME <u>Frances Willard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MD</u>		
17. INFORMANT (ADDRESS) <u>Mrs Florence Davis</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Woodlawn</u> DATE <u>Dec 5 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Poser &amp; Denton</u>		
20. FILED <u>12/15</u> 19 <u>36</u> <u>William J. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936 to 12-6, 1936  
I last saw him alive on 12-4, 1936 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:  
mitral regurgitation Date of onset \_\_\_\_\_  
Other contributory causes of importance: AO

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) J. H. Geer M. D.  
(Address) In Dept. of Health

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

