

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

Do not use this space.

**JUL 27 1937**

1. PLACE OF DEATH

County Lawrence

Township Aurora

City Aurora

Registration District No. 467

Primary Registration District No. 4280

(No. 103 West Pleasant)

File No.

20523

Registered No.

44

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mansfield Taylor Davis

(a) Residence, No. 103 W., Pleasant 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 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 Addie Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 88 6 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Majestic Milling Co

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tyler County West Virginia

13. NAME Absalom Davis

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

15. MAIDEN NAME Mary Holmes

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

17. INFORMANT Frank Davis (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE June 30 1937

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED June 28 1937 R. H. Cowan M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 27, 1937

I last saw him alive on June 25, 1937 Death is said to have occurred on the date stated above, at 7 P.M.

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

Date of onset

Senility June 13,

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cholera 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? Y If so, specify \_\_\_\_\_

(Signed) J. H. Smith, M. D.

(Address) Aurora, 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.

2  
31  
31

