

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

72  
2

JUL 3 0 1937

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

Do not use this space.

24378

1. PLACE OF DEATH

County Montgomery  
Township Montgomery  
City Montgomery

Registration District No. 592  
Primary Registration District No. 4350

File No. 24378  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Roger Lee Davis

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. of _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937 to June 29, 1937  
I last saw him alive on June 29, 1937 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:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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

**Congenital malformation of foramen ovale**

Date of onset

Other contributory causes of importance: 1570

12. BIRTHPLACE (CITY OR TOWN) Montgomery City  
(STATE OR COUNTRY) Missouri

13. NAME Vernon Davis

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

15. MAIDEN NAME Lucille Powell

16. BIRTHPLACE (CITY OR TOWN) Montgomery City  
(STATE OR COUNTRY) Missouri

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

What test confirmed diagnosis? Physical 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 1

Nature of injury \_\_\_\_\_

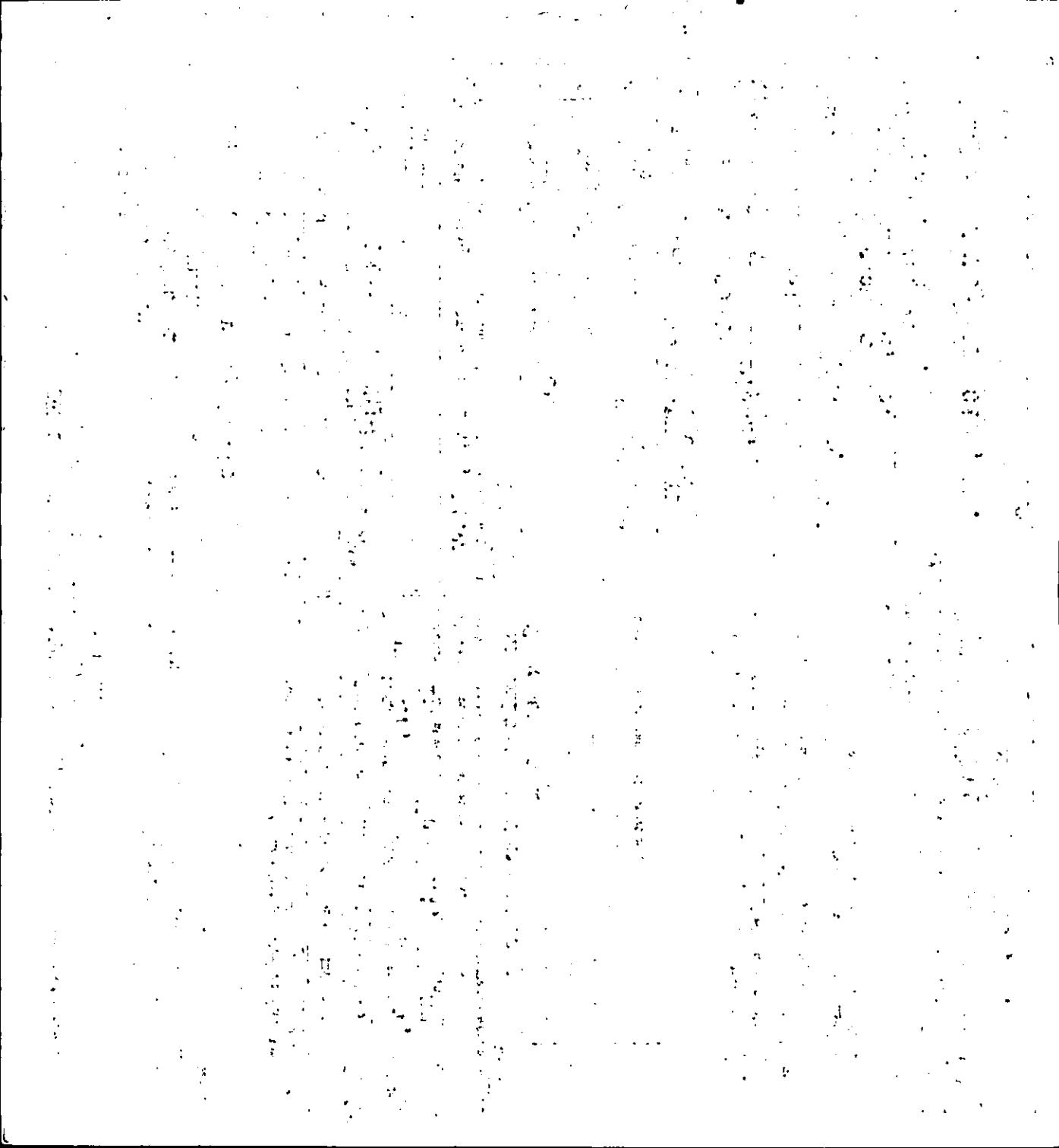
17. INFORMANT Vernon Davis  
(ADDRESS) Rhineland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mont. City Cem. DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER J. A. Marlow  
(ADDRESS) Montgomery City, Mo.

20. FILED June 19, 1937 Buell Menefee  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Buell Menefee M. D.  
(Signed) \_\_\_\_\_, M. D.  
(Address) Montgomery City, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Montgomery Registration District No. 592  
 Township ..... Primary Registration District No. 4380  
 City Montgomery (No. .... St. .... Ward)

File No. 2438  
 Registered No. ....

**2. FULL NAME.** Robert 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.

**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>S</u>
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, <u>1</u> hrs. or <u>1</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

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

MOTHER FATHER  
 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mont. City Cem DATE June 21 1937

19. UNDERTAKER (ADDRESS)

20. FILED Aug 17 1937 Bruce Mendenhall Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 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:

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

(Signed) Paul J. Gennep, M. D.  
 (Address) Montgomery City Mo

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

24378