

AUG 24 1937

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

Do not use this space.

27461

1. PLACE OF DEATH

49 County Jasper Registration District No. 408
 5 Township Primary Registration District No. 3620
 7 City Carthage (No. St. Ward)

2. FULL NAME

Orley Davis
 (a) Residence, No. 319 Garrison St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 52 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 Kelly Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker
 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) Layman County Missouri13. NAME Ephram Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown15. MAIDEN NAME Sarah Hamilton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown17. INFORMANT Miss Bevie Davis
(ADDRESS) 319 N. Garrison - Carthage18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE July 28 193719. UNDERTAKER Knee Mortuary
(ADDRESS) Carthage, Mo20. FILED July 24, 1937 S. B. Collier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937I HEREBY CERTIFY, That I attended deceased from March 1937 to February 20 1937

I last saw him alive about July 4, 1937. Death is said to have occurred on the date stated above, at 5:20 a.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:

Date of onset

Most probable heart attack.Other contributory causes of importance: Chronic myocardial & valvular insufficiency - (mitral disease)

Name of operation Date of

What test confirmed diagnosis? 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? If so, specify

(Signed) A. L. Godonmier, M. D.(Address) Carthage Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2

FORM 22-36

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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.

