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.

REC'D MAY 13 1938

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

15756
Do not use this space.

1. PLACE OF DEATH
(a) County Ste Genevieve — Registration District No. 781
(b) Township — Primary Registration District No. 4467 — Registered No.
(c) City St Marys — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Jeffery Davis 120
(a) Residence, No. St Marys Mo St. (Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Matilda Stillie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22 1853
7. AGE: YEARS 84 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as 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): Cincinnatti Ohio

FATHER
13. NAME: James J Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio U.S.A.

MOTHER
15. MAIDEN NAME: Barbara Schiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio U.S.A.

17. INFORMANT (ADDRESS): Mrs James J Davis
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Mo DATE May 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bey Funeral Home Perryville Mo
20. FILED 5/2 1938 John G Thomure Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 30 1938
22. I HEREBY CERTIFY, That I attended deceased from 1934 19.., to Apr 30 1938
I last saw him alive on Apr 29 1938. 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:

	Date of onset
Myocarditis with acute dilatation	
Other contributory causes of importance: Chronic Nephritis	131

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?
If so, specify
(Signed) [signature], M. D.
(Address) Perryville

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Albert H. Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.