

REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Cole
 Township Moreau
 City (No. _____) _____

 Registration District No. 214
 Primary Registration District No. 5294

 File No. 21685
 Registered No. 6 Ward _____
2. FULL NAME Fred Carl Davis
 (a) Residence, No. Russellville, Mo. R.R. 2 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 Gertrude Davis (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13th, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 3 19

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Kentucky13. NAME Richard Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Iantha Babb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Gertrude Davis (ADDRESS) Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACED River View Cem DATE June 4th, 193819. UNDERTAKER G. N. Staffens (ADDRESS) Russellville, Mo.20. FILED June 3 1938 Mrs. Mabel Barlow Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1938 193822. I HEREBY CERTIFY That I attended deceased from June 18, 1938 to June 27, 1938
 I last saw h. in alive on June 11, 1938 Death is said to have occurred on the date stated above, at 8: A. M.

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

Chronic MyocarditisDate of onset 3

Other contributory causes of importance:

Coronary Arteriosclerosis

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? no

If so, specify _____

(Signed) Robt. E. Murrell(Address) Russellville, Mo.

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