REC'D APR 24 1939

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

9918
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain 2 Registration District No. 26

(b) Township Salt River Primary Registration District No. 5034 Registered No. 37

(c) City / (d) Street No. R. F. D. #2 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 William Ira Davis

(a) Residence, No. R. F. D. #2 Mexico 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 Ethel Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1873

7. AGE: Years 65 | Months 3 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Randolph County, Mo.

FATHER
13. NAME Wm. T. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

MOTHER
15. MAIDEN NAME Sarah Shaffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

17. INFORMANT Mrs. Ethel Davis
(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison, Mo. DATE March 13, 1939

19. FUNERAL DIRECTOR (NAME) Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri

20. FILED Mar 12, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 — 2 —, 1939, to March 12, 1939, 19

I last saw him alive on March 12, 1939, 19. Death is said to have occurred on the date stated above, at 1:20 A. M.

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

	Date of onset
Pneumonia Bronchial	

Other contributory causes of importance:

Influenza

Name of operation None 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? No
If so, specify

(Signed) Frank Talley, M. D.
(Address) Mexico, Missouri

Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-538
Date Filed APR 20 1939

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, Chris Arnold Jr, or by

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

Signed Chris Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico Mo

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

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