

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

42653

Do not use this space.

**1. PLACE OF DEATH**

(a) County Andrain Registration District No. 26  
 (b) Township Salt River Primary Registration District No. 3002  
 (c) City Mexico Mo. (d) Street No. 510 N. Robinson Registered No. 170  
 (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**

(a) Residence, No. 120 James Howard Davis St.   
310 N. Robinson (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) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Katherine Davis dead  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 - 1885  
 7. AGE YEARS 84 MONTHS 9 DAYS 16 If LESS than 1 day, .....hrs. or .....min.  
 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) Andrain Co., Mo.

FATHER 13. NAME Robert L. Davis

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

MOTHER 15. MAIDEN NAME Sarah Howard

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

17. INFORMANT (ADDRESS) Lindsay Davis Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE Jan 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) McPherson Bros Mexico Mo.

20. FILED Dec 30, 1939 Blanche Neely Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th - 11:00 PM, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Dec. 29, 1939  
 I last saw him alive on Dec. 29, 1939. 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:

nephritis char interstitial Date of onset  
capitels prostatic

Other contributory causes of importance: 131  
sterility  
prostatitis

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) R. Williams, M. D.  
 (Address) Mexico Mo.

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 1-40-124

Date Filed JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I, Ray A. McPheters, Licensed Embalmer No. 1138,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself,  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ray A. McPheters  
Licensed Embalmer No. 1138

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.)