

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

Do not use this space.

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.

231029

1. PLACE OF DEATH  
 County Berry Registration District No. 1168  
 Township Wheat Primary Registration District No. 2042  
 City          (No.         ) St.          Ward         

2. FULL NAME Robert F. Davis

(a) Residence No.          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.

17191

File No.           
 Registered No. 12  
 St.          Ward         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Alice Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 6 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1927

17. I HEREBY CERTIFY, That I attended deceased from May 15 to May 30, 1927, that I last saw her alive on May 30, 1927, and that death occurred, on the date stated above, at 17 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A  
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31  
 (duration)          yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH:         

0 DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Substantiated  
 (Signed) O. S. McPate, M. D.  
 19 (Address) Wheat Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Ellen Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.  
 (STATE OR COUNTRY)

14. INFORMANT Zene Davis  
 (Address) Farmer R.

15. FILE NO. July 29 2 Edmundson  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Muncy Chapel Cem DATE OF BURIAL May 31 1927

20. UNDERTAKER Jones & Wheaton ADDRESS

