

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.

NOV 26 1930

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

Do not use this space.

33583

1. PLACE OF DEATH

County *Monroe*
Township *Walsen*
City (No.) St. Ward)

Registration District No. *571*
Primary Registration District No. *5769*

File No.
Registered No. *54*
St. Ward)

2. FULL NAME *Ferdinand Davis*

(a) Residence. No. St. Ward.
(Usual place of abode)

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 *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 16 - 1841*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER *Dont know*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER *Dont know*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT *Mrs Fred Bender*
(Address) *California mo*

15. FILED *Oct 16 1930 J. A. Roth*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 14 1930*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Debility
162

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF *10/16*

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? *L M Gray* M. D.

(Signed) *10/16, 1930* (Address) *California 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Springton Cemetery* DATE OF BURIAL *10/16 1930*

20. UNDERTAKER *William T. Friedman* ADDRESS *California*

