CT 26 1928

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

Do not use this space.

30187

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township — Primary Registration District No. 5427 — Registered No. 40
City Athens (No. ..... St. ..... Ward)

2. FULL NAME Charles Bond Davis
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14-1918
7. AGE 10 YEARS 4 MONTHS DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albany Mo.

PARENTS
10. NAME OF FATHER: B. L. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co. Mo.
12. MAIDEN NAME OF MOTHER: Edna Cheatham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Albany Mo.

14. INFORMANT: B. L. Davis
(Address) Albany Mo.
15. FILED Sept 4, 1928 W. T. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1928, to Sept. 3, 1928 that I last saw him alive on Sept. 3, 1928, and that death occurred, on the date stated above, at 2 P.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis following accidental injury (fell from horse)
212 E (duration) ..... yrs. ..... mos. ..... ds.
212 M
CONTRIBUTORY (SECONDARY)
129 (duration) ..... yrs. ..... mos. ..... ds.
185
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. T. Martin, M. D.
Sept. 4, 1928 (Address) Albany, 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: Highland Cemetery — DATE OF BURIAL: Sept. 5 1928
20. UNDERTAKER: H. W. Bare & Son — ADDRESS: Albany.