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

Do not use this space.

2365

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond R.F.D. (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 5976B.

File No. .....
Registered No. 1

2. FULL NAME Bettie Gene 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	5	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(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) Ray Co Mo

PARENTS
10. NAME OF FATHER Charles A Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Effie Lee Wrysinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

14. INFORMANT Charles A Davis
(Address) Richmond Mo

15. FILED Jan 14, 1930 C. C. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1930, to Jan 12, 1930 that I last saw him alive on Jan 12, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis
1218
(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1118
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) John McNeish M. D.
, 19 (Address) Richmond

*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: Hickery Grove Cem Richmond Mo
DATE OF BURIAL: 1-13-30 19

20. UNDERTAKER: A. W. Mansur
ADDRESS: Richmond 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.