

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

Do not use this space.

**25648**

**1. PLACE OF DEATH**

County Warren, Ohio  
Township Franklin  
City Warren (No. ....)

Registration District No. 551  
Primary Registration District No. 5744

File No. ....  
Registered No. 4 St. .... Ward)

**2. FULL NAME**

Charles Carl 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.

**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 Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, 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) Warren Ohio

FATHER 13. NAME Oliver Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Bessie Hope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilbert Ill.

17. INFORMANT (ADDRESS) Oliver Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra DATE July 30 1931

19. UNDERTAKER (ADDRESS) J. F. Chambers

20. FILED Aug 9 17 J. M. Crebs Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1931  
22. I HEREBY CERTIFY, That I attended deceased from July 28 1931, to July 29 1931  
I last saw him alive on July 28 1931. Death is said to have occurred on the date stated above, at 9 pm.  
The principal cause of death and related causes of importance were as follows:

Cholera Infantum  
119A  
Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. B. McPike, M. D.  
(Address) Palmyra Mo

SEP 24 1931

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.

8-17-31

