WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35237

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Little Prairie — Primary Registration District No. 5862 — Registered No. 133
City (No. St. Ward)

2. FULL NAME Eldridge 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) P
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1912
7. AGE YEARS 19 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Sept 1931
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Landing Tenn

FATHER
13. NAME G H Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sallie Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) G H Merdeth Dunlap, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cuba Landing Tenn DATE 10-10 1931

19. UNDERTAKER (ADDRESS) Kincaid Caruthersville, Mo.

20. FILED Oct. 9 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 7, 1931, to Oct - 8, 1931
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at ~~to 30 p~~ m. 10 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Comatose malaria	Oct 9 1931
38	

Other contributory causes of importance: None

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

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? no
If so, specify
(Signed) A A Reeder, M. D.
(Address) Portageville, Mo