

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

Do not use this space.

18870

1. PLACE OF DEATH

14 County Callaway Registration District No. 104 File No. _____
 Township Nine mile Primary Registration District No. 5164 Registered No. 125
 City Mineola Mo (No. _____) St. _____ Ward _____

2. FULL NAME James Thomas 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. II 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 th 1932

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

II

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Near Mineola Mo13. NAME Walter Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo15. MAIDEN NAME Gladys Moore Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo17. INFORMANT (ADDRESS) J. M. Moore Mineola Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Readsville Mo DATE 6/17/3219. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo20. FILED - 25 1932 R. N. Prewer Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 .193222. I HEREBY CERTIFY that I attended deceased from June 17, 1932 to June 17, 1932I last saw him alive on June 17, 1932 Death is saidto have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

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) P. J. Simeol M. D.(Address) Fulton Mo

JUL 21 1932

