

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

Do not use this space.

Jemmon
431963

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2091
 3 City Springfield Mo. No. 1025 S. Pickwick St. _____ Ward _____
 25 FULL NAME John B. Bryan McDavid
 (a) Residence, No. 1025 S. Pickwick St., _____ Ward _____
 (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. (If nonresident, give city or town and State)

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) Feb 18-1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 7 13

OCCUPATION
 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) Springfield Massachusetts

MOTHER FATHER
 13. NAME F. M. McDavid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Ill.

15. MAIDEN NAME Alice Bryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT F. M. McDavid
 (ADDRESS) 1025 S. Pickwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplebank DATE Oct. 2 1932

19. UNDERTAKER (ADDRESS) Wm. Schmeyer, Jr. Home
534 St. Louis St.

20. FILED 10-20-32 Ralph W. Langston
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1914, to Oct. 1, 1932
 I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 12.10 a.m.
 The principal cause of death and related causes of importance were as follows:

Epilepsy
878
 Other contributory causes of importance:
Congenital defective mentality
 Date of onset birth

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 homicidal _____ 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) J. B. Jemmon, M. D.
 (Address) SPRINGFIELD, 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.

CITY 2 3 1032

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