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

Do not use this space.

40408

1. PLACE OF DEATH
5 4 County Lafayette — Registration District No. 461 — File No. 110
6 Township — Primary Registration District No. 3024 — Registered No.
City Lexington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Henry Davis
(a) Residence. No. Myrick Road 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-21st-1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	0	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work coal miner 11
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington Mo. 1
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dover Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Nash
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Davis
(Address) Myrick Road. Lexington, Mo.

15. FILED Dec 6, 1932 G. W. Fredendall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3 1932.

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1932, to 12-3, 1932 that I last saw him alive on 12-1, 1932 and that death occurred, on the date stated above, at 6:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pul. Tuberculosis
23 A
69 B
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James E. Polite M. D.
, 19 (Address) 120 N. - 12th St.

*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 Lexington, Mo. Oak Grove Cemetary. — DATE OF BURIAL 12/6 1932.

20. UNDERTAKER Johnson Funeral Home — ADDRESS Lexington.

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.