

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421 File No. 17202
 Township _____ Primary Registration District No. 4249 Registered No. 41
 City Festus (No. _____) St. _____ Ward _____

2. FULL NAME

David Lee 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23 1933</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>6</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to May 19 1934
 I last saw him alive on May 19 1934. Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza + Bronchial Pneumonia
 Date of onset _____
 Other contributory causes of importance: _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Festus Missouri</u>
	13. NAME <u>Marion Frank Davis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rock Port Illinois</u>
	15. MAIDEN NAME <u>Maud E. Doyle</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill Illinois</u>
	17. INFORMANT <u>J. M. Davis</u> (ADDRESS) <u>Festus Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus</u> DATE <u>May 20</u> 19 <u>34</u>
	19. UNDERTAKER <u>D. Weston & Vinograd</u> (ADDRESS) <u>Festus Mo</u>
	20. FILED <u>6/1</u> 19 <u>34</u> <u>J. E. Rutledge</u> Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chincol 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) H. H. Hays _____, M. D.
 (Address) Crystal City Mo.

JUN 22 1934

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.

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

